

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000009075

Entity Name: COLONIAL MEDICAL CENTER, INC.

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

717 ALTALOMA AVE STE B
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

717 ALTALOMA AVE STE B
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3552719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAKER, BRUCE W
717 ALTALOMA AVE STE B
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EAKER, BRUCE W
Address: 717 ALTALOMA AVE -STE B
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: EAKER, JAMES L
Address: 717 ALTALOMA AVE STEB
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE EAKER

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date