

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085909

FILED  
Jul 21, 2008  
Secretary of State

Entity Name: CENTERED HEALTH CARE, P.A.

## Current Principal Place of Business:

4442 CURRY FORD RD  
ORLANDO, FL 32812

## New Principal Place of Business:

5540 EAST GRANT STREET  
A  
ORLANDO, FL 32822

## Current Mailing Address:

4442 CURRY FORD RD  
ORLANDO, FL 32812

## New Mailing Address:

5540 EAST GRANT STREET  
A  
ORLANDO, FL 32822

FEI Number: 59-3599314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZIVALICH, JANE M.D.  
4442 CURRY FORD RD  
ORLANDO, FL 32812 US

## Name and Address of New Registered Agent:

RAITANO, ANTHONY  
5540 EAST GRANT STREET  
A  
ORLANDO, FL 32822 US

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: ANTHONY RAITANO

07/21/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: ZIVALICH, JANE M.D.  
Address: 4442 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

Title: SVP ( ) Delete  
Name: PATEL, ANIL R  
Address: 4442 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

Title: VP ( ) Delete  
Name: STINE, SANDRA  
Address: 4442 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

Title: VP ( ) Delete  
Name: MESTRE, ARSENIO A  
Address: 4442 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

Title: VP ( ) Delete  
Name: FRANK, CATHY  
Address: 4442 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: ZIVALICH, JANE M.D.  
Address: 5540 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: SVP (X) Change ( ) Addition  
Name: PATEL, ANIL R  
Address: 5540 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: VP (X) Change ( ) Addition  
Name: STINE, SANDRA  
Address: 5540 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: VP (X) Change ( ) Addition  
Name: MESTRE, ARSENIO A  
Address: 5540 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: VP (X) Change ( ) Addition  
Name: FRANK, CATHY  
Address: 5540 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

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: JANE ZIVALICH, MD

PT

07/21/2008

Electronic Signature of Signing Officer or Director

Date