## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111056

Entity Name: THE ORLANDO CENTER, INC.

**Current Principal Place of Business:** 

946 NORTH MILLS AVE. ORLANDO. FL 32803

**Current Mailing Address:** 

946 NORTH MILLS AVE. ORLANDO, FL 32803

FEI Number: 59-3620894 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VARGAS, TIMOTHY 946 NORTH MILLS AVE. ORLANDO, FL 32803 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:

Electronic Signature of Registered Agent

Date

FILED Jan 07, 2014

**Secretary of State** 

CC5355049380

Officer/Director Detail:

Title T Title

Name VARGAS, TIMOTHY Name VACIRCA, MICHAEL

Address 511 TEAKWOOD DRIVE Address 2005 LAKE BALDWIN LANE

City-State-Zip: ALTAMONTE SPRIGS FL 32714 City-State-Zip: ORLANDO FL 32814

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: TIMOTHY VARGAS

**TREASURER** 

01/07/2014

Date