

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033150

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** ORLANDO FAMILY PHYSICIANS, INC.

**Current Principal Place of Business:**

1130 S SEOMORAN BLVD  
SUITE C  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

4779 COLLINS AVE  
SUITE 1503  
MIAMI BEACH, FL 33140

**New Mailing Address:**

121 SOUTH ORANGE AVE.  
SUITE 940  
ORLANDO, FL 32801 OR

**FEI Number:** 59-3635929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, JORGE L  
4779 COLLINS AVE.  
SUITE 1503  
MIAMI BEACH, FL 33140 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: PD ( ) Delete  
Name: GARCIA, JORGE L  
Address: 4749 COLLINS AVE #1503  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JORGE L. GARCIA

PD

04/28/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date