

2001 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Apr 02, 2001 8:00 am
Secretary of State

02-27-2001 90345 004 ***150.00

DOCUMENT # P00000108714

1. Entity Name

ORANGE PRIMARY CARE, P.A.

Principal Place of Business

1615 E WOODARD
ORLANDO FL 32803

Mailing Address

1615 E WOODARD
ORLANDO FL 32803

2. Principal Place of Business

1400 So. ORLANDO AVE. STE 205

3. Mailing Address

1400 So. ORLANDO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 205

City & State

WINTER PARK FL

City & State

WINTER PARK

4. FEI Number

593682594

Applied For

Not Applicable

Zip

32789-6543

Country

ORANGE

Zip

32789-6543

Country

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, RAMON
1615 E WOODARD
ORLANDO FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

1615 WOODWARD ST

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, JOSE R	
STREET ADDRESS	2604 N ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTEGA, PEDRO L	
STREET ADDRESS	2604 N ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1400 So. ORLANDO AVE., SUITE 205	
CITY-ST-ZIP	WINTER PARK, FL 32789-6543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1400 So. ORLANDO AVE., SUITE 205	
CITY-ST-ZIP	WINTER PARK, FL 32789-6543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)