

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018979

Entity Name: ORLANDO FAMILY MEDICAL, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

931 W. OAK STREET #103
KISSIMMEE, FL 34741

New Principal Place of Business:

931 W. OAK STREET
STE 103
KISSIMMEE, FL 34741

Current Mailing Address:

931 W. OAK STREET #103
KISSIMMEE, FL 34741

New Mailing Address:

931 W. OAK STREET
STE 103
KISSIMMEE, FL 34741

FEI Number: 13-4323177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, JUAN J
3392 SW 175TH AVENUE
MIRAMAR, FL 33029 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, JUAN J
Address: 3392 SW 175TH AVE
City-St-Zip: MIRAMAR, FL 33029

Title: PV () Delete
Name: GARCIA, DELARAY S
Address: 3392 SW 175TH AVE
City-St-Zip: MIRAMAR, FL 33029

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 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: JUAN J GARCIA

PD

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date