

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018979

FILED  
Mar 26, 2010  
Secretary of State

Entity Name: ORLANDO FAMILY MEDICAL, INC.

**Current Principal Place of Business:**

931 W. OAK STREET  
STE 103  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

931 W. OAK STREET  
STE 103  
KISSIMMEE, FL 34741

**New Mailing Address:**

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

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

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.

SIGNATURE: JUAN J GARCIA

PRES

03/26/2010

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

\_\_\_\_\_ Date