

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000010342

**Entity Name:** EAST ORLANDO PRIMARY CARE, P.A.

**Current Principal Place of Business:**

733 S GOLDENROD RD, STE B  
ORLANDO, FL 32822

**Current Mailing Address:**

733 S GOLDENROD RD, STE B  
ORLANDO, FL 32822

**FEI Number: 75-2989582**

**Certificate of Status Desired: No**

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

FERNANDEZ, JULIE M  
421 WOODBURY PINES CIRCLE  
ORLANDO, FL 32828 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

**Officer/Director Detail :**

Title            D  
Name            FERNANDEZ, JULIE M  
Address        421 WOODBURY PINES CIRCLE  
City-State-Zip: ORLANDO FL 32828

*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: JULIE M. FERNANDEZ**

**D**

**01/31/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date