

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000018979

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

**Current Principal Place of Business:**

931 W. OAK STREET  
STE 103  
KISSIMMEE, FL 34741

**Current Mailing Address:**

931 W. OAK STREET  
STE 103  
KISSIMMEE, FL 34741

**FEI Number:** 13-4323177

**Certificate of Status Desired:** No

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

GARCIA, JUAN J  
931 W OAK STREET  
STE 103  
KISSIMMEE, FL 34741 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 PD  
Name GARCIA, JUAN J  
Address 931 W OAK STREET, STE 103  
City-State-Zip: KISSIMMEE FL 34741

Title PV  
Name GARCIA, DELARAY S  
Address 931 W OAK STREET, STE 103  
City-State-Zip: KISSIMMEE FL 34741

*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

**PRESIDENT**

**01/10/2014**

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

\_\_\_\_\_  
Date