#### SIGNATURE: IVAN JORRO

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

JORRO, ZOILA E 433 GENIUS DRIVE WINTER PARK, FL 32789 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:

**Officer/Director Detail :** Title Р Title Т JORRO, ZOILA E JORRO, IVAN Name Name 433 GENIUS DRIVE 433 GENIUS DRIVE Address Address City-State-Zip: WINTER PARK FL 32789 City-State-Zip: WINTER PARK FL 32789

# 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039145

Entity Name: ORLANDO FAMILY PRACTICE CARE, P.A.

## **Current Principal Place of Business:**

10967 LAKE UNDERHILL RD. **SUITE #122** ORLANDO, FL 32825

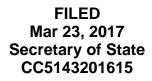
## **Current Mailing Address:**

10967 LAKE UNDERHILL RD. SUITE #122 ORLANDO, FL 32825 US

# FEI Number: 20-4494504

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

TREUSURE



Certificate of Status Desired: Yes

03/23/2017

Date

Date