

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000039145

**FILED**  
**Jan 23, 2014**  
**Secretary of State**  
**CC6827190016**

**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

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	T
Name	JORRO, ZOILA E	Name	JORRO, IVAN
Address	433 GENIUS DRIVE	Address	433 GENIUS DRIVE
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789

*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:** IVAN JORRO

**TREASURE**

**01/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date