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. 02/28/2024 Т

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

SIGNATURE: IVAN JORRO

Electronic Signature of Signing Officer/Director Detail

2024 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

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	Ρ	Title	Т
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

Date

Date

FILED Feb 28, 2024 Secretary of State 0151948476CC

Certificate of Status Desired: No