

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 462164

1. Entity Name
ORLANDO A. MILAN, M.D., P.A.



Principal Place of Business

50 NE 26TH AVE
SUITE 303
POMPANO BEACH, FL 33062

Mailing Address

50 NE 26TH AVE
SUITE 303
POMPANO BEACH, FL 33062



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1555736

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORLANDO, MILAN
50 NE 26TH AVE SUITE 303
POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MILAN, ORLANDO
STREET ADDRESS 50 NE 26TH AVE SUITE 303
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE
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CITY-ST-ZIP

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03/16/07-80038-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/2007 954-782-8585