


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 690213 1. Entity Name CAESAR C. ORDUNA, M.D., P.A.	
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Principal Place of Business
3127 BACOM POINT ROAD
P.O. BOX 705
PAHOKEE, FL 33476

Mailing Address
3127 BACOM POINT ROAD
P.O. BOX 705
PAHOKEE, FL 33476



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2100775	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORDUNA, CAESAR C
3127 BACOM PT RD
PAHOKEE, FL 33476

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000230468
02/15/05-80041-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ORDUNA, CAESAR C., MD 3127 BACOM POINT RD PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORDUNA, CAESAR C., MD 3127 BACOM POINT RD PAHOKEE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Overtime Charge #