FILED ____ Jan 10, 2003 8:

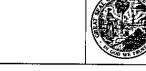
Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90077 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 690213

CAESAR C. ORDUNA, M.D., P.A.



Principal Place of Business 3127 BACOM POINT ROAD P.O. BOX 705 Mailing Address 3127 BACOM POINT ROAD P.O. BOX 705 PAHOKEE FL 33476

PAHOKEE FL 33476 2. Principal Place of Business		PAHOKEE FL 33476 3. Mailing Address	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2100775 Applied For Not Applied For

DATE

ORDUNA, CAESAR C 3127 BACOM PT RD PAHOKEE FL 33476

7. Name and Address of New Registered Agent				
Name				
Street Address (P.O. Box Number is Not A	Acceptable)			
City	FL Zip Code			

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

(NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will-be \$550.00

SIGNATURE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (10/02) NAME ORDUNA, CAESAR C., MD NAME 3127 BACOM POINT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PAHOKEE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ORDUNA, CAESAR C., MD NAME STREET ADDRESS 3127 BACOM POINT RD STREET ADDRESS CITY-ST-ZIP PAHOKEE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 OF PRINTED NAME OF STORING OFFICER OF DIRECTOR

A 1/1/0

924-55

Daytime Phone #