

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F43835** (0)

1. Corporation Name

RAUL R. ORTA, M.D., P.A.



Principal Place of Business

% EDWIN PRESSER
4811 BEACH BLVD., SUITE 302
JACKSONVILLE FL 32207

Mailing Address

% EDWIN PRESSER
4811 BEACH BLVD., SUITE 302
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified
09/01/1981

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

21 **1809 Art Museum Drive**

2a. Mailing Address

26 **3986 Boulevard Center Dr**

4. FET Number
59-2119622

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **Suite 205**

City & State

23 **JACKSONVILLE FL**

Zip

24 **32207**

Country

25 **USA**

City & State

23 **JACKSONVILLE FL**

Zip

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Country

25 **USA**

9. Name and Address of Current Registered Agent

PRESSER, EDWIN
4811 BEACH BLVD.
SUITE 302
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
Edwin Presser
82 Street Address (P.O. Box Number is Not Acceptable)
3986 Boulevard Center Drive
83 **Suite 106**
84 City
Jacksonville **FL** 85 Zip Code
32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PS
ORTA, RAUL R.
6954 ALMOURS DR.
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P/S
Orta, Raul R.
1809 Art Museum Drive Suite 205
Jacksonville, FL 32207

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Raul Orta

President

5/5/96

Date Day/Month/Year

CR2E034 (12/95)