

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F43835 (0)**

1. Corporation Name  
**RAUL R. ORTA, M.D., P.A.**



Principal Place of Business <b>% EDWIN PRESSER 4811 BEACH BLVD., SUITE 302 JACKSONVILLE FL 32207</b>	Mailing Address <b>% EDWIN PRESSER 4811 BEACH BLVD., SUITE 302 JACKSONVILLE FL 32207</b>
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3. Date Incorporated or Qualified <b>09/01/1981</b>	3a. Date of Last Report <b>03/21/1995</b>
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2. Principal Place of Business 21 <b>1809 Art Museum Drive</b> Suite, Apt. #, etc. <b>Suite 205</b> City & State <b>JACKSONVILLE FL</b> Zip <b>32207</b>	2a. Mailing Address 26 <b>3986 Boulevard Center Dr</b> Suite, Apt. #, etc. <b>Suite 106</b> City & State <b>JACKSONVILLE, FL</b> Zip <b>32207</b>
22	27
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24	29
25 <b>USA</b>	30 <b>USA</b>

4. FEI Number <b>59-2119622</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PS</b>	<input type="checkbox"/> DELETE
NAME	<b>ORTA, RAUL R.</b>	
STREET ADDRESS	<b>6954 ALMOURS DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Orta, Raul R.</b>	
1.3 STREET ADDRESS	<b>1809 Art Museum Drive Suite 205</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Raul R. Orta*  
Dr. Raul Orta

5/5/96  
Date  
President

CR2E034 (12/95)