

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F43835**

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



Principal Place of Business  
 % 6954 ALMOURS DRIVE  
 JACKSONVILLE, FL 32217 US

Mailing Address  
 % 6954 ALMOURS DRIVE  
 JACKSONVILLE, FL 32217 US



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2119622** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CAPITAL CONNECTION, INC.  
 417 E. VIRGINIA STREET, SUITE 1  
 TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ORTA, RAUL R 6954 ALMOURS DRIVE JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000424371  
 02/18/06-80048-002 150.00

**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: Raul R. Orta, M.D. **2/4/06** **904-7336323**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #