2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2007 08:00 AM Secretary of State

DOCUMENT # F43835 1. Entity Name RAUL R. ORTA, M.D., P.A.
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Principal Place of Business

Mailing Address

% 6954 ALMOURS DRIVE JACKSONVILLE, FL 32217 US

% 6954 ALMOURS DRIVE JACKSONVILLE, FL 32217 US



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DO	NOT WRITE	IN THIS SP	PACE	4. FEI Number

Applied For Not Applicable 59-2119622 \$8.75 Additional

Fee Required

CR2E034 (11/05)

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

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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	f applicable (NOTE: Registered	d Agent signaturs required wh	en reinstating)	DATE				
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12. I hereby o	certify that the information supplied with this fi	ing does not qualify for the exe	mptions contained in	Chapter 119, Flori	da 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/jempowered.

SIGNATURE: