

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-25-2003 90071 025 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F43835

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



JJ04340

Principal Place of Business
 8853 SAN JOSE BLVD
 JACKSONVILLE, FL 32217 US

Mailing Address
 8853 SAN JOSE BLVD
 JACKSONVILLE, FL 32217 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2119822** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PRESSER, EDWIN
8853 SAN JOSE BLVD
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number Is Not 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Raul R. Orta M.D.* DATE *3/22/03*
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEES IS \$100.00
 After May 1, 2003 Fee will be \$50.00
 Make Check Payable to Florida Department of State**

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. <input checked="" type="checkbox"/> Delete 4426 MERRIMACK AVE SUITE 2 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Orta, Raul R. 6954 Almours Drive Jacksonville, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.* Date Daytime Phone #

CR2E034 (10/02)