


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90079 007 ***150.00

DOCUMENT # H84743 1. Entity Name ORLANDO F. TORRES, M.D., P.A.			
Principal Place of Business 135 W 49TH ST HIALEAH, FL 33012 US		Mailing Address PALMETTO MEDICAL PLAZA 135 W 49TH ST HIALEAH, FL 33012	
2. Principal Place of Business 360 W. 49th ST. Suite, Apt. #, etc. Suite A City & State Hialeah, Fl. Zip 33012		3. Mailing Address 360 W. 49th ST Suite, Apt. #, etc. Suite A City & State Hialeah, Fl. Zip 33012	
4. FEI Number 59-2624640		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, ORLANDO F. 11 PALM ISLAND MIAMI BEACH, FL 33139		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME TORRES, ORLANDO F. STREET ADDRESS 11 PALM ISLAND CITY-ST-ZIP MIAMI BCH, FL	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ORLANDO F. TORRES, MD, PA		Date: 4/9/04 Daytime Phone #: (305) 825-0500	