

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64707

FILED  
Apr 03, 2012  
Secretary of State

Entity Name: OB-GYN OF CENTRAL FLORIDA, P.A.

**Current Principal Place of Business:**

10131 W COLONIAL DR  
STE 4  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

10131 W COLONIAL DR  
STE 4  
OCOE, FL 34761

**New Mailing Address:**

FEI Number: 59-2940046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ, H. LOUIS  
1640 LEE ROAD  
SUITE 4  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ORREGO, JOHN J MD  
Address: 10131 W COLONIAL DR STE #4  
City-St-Zip: OCOE, FL 34761

Title: T  
Name: ORREGO, MONICA  
Address: 10131 W COLONIAL DR STE #4  
City-St-Zip: OCOE, FL 34761

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MONICA ORREGO

T

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date