


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # K78082
 1. Entity Name
 JOSE ORCASITA - NG, P.A.



Principal Place of Business 7000 W 12TH AVE 21-22 HIALEAH, FL 33014	Mailing Address 7000 W 12TH AVE 21-22 HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE

07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0111395	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
 ORCASITA, JOSE A., M.D.
 15535 MIAMI LAKEWAY N. #210
 MIAMI, FL 33014

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: *[Signature]*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS ORCASITA-NG, JOSE 15535 MIAMI LAKEWAY N., SUITE 210 MIAMI, FL
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 08/08/05-80005-009 150.00

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 individuals empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #