

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 24, 2009  
Secretary of State**

DOCUMENT# K78082

Entity Name: JOSE ORCASITA - NG, P.A.

**Current Principal Place of Business:**

**New Principal Place of Business:**

7000 W 12TH AVE  
21-22  
HIALEAH, FL 33014

**Current Mailing Address:**

**New Mailing Address:**

7000 W 12TH AVE  
21-22  
HIALEAH, FL 33014

FEI Number: 65-0111395      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

ORCASITA, JOSE A., M.D.  
15535 MIAMI LAKEWAY N. #210  
MIAMI, FL 33014 US

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: ORCASITA-NG, JOSE  
Address: 16205 W PRESTWICK PL  
City-St-Zip: HIALEAH, FL 33014

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSE ORCASITA NG

DPS

02/24/2009

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

\_\_\_\_\_  
Date