

ANNUAL REPORT (AR)

Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90421 027 ***150.00

DOCUMENT # M22314

1. Entity Name

ORVI MEDICAL CENTER INC.



Principal Place of Business

3112 N.E. 2 AVE.
MIAMI FL 33137-4102

Mailing Address

3112 N.E. 2 AVE.
MIAMI FL 33137-4102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ZALDIVAR, ORLANDO
7440 HARDING AVE. #201
MIAMI BEACH FL 33141

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

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees10. Mr. Orlando J. Zaldivar
Apt. 201
7440 Harding Ave.
Miami Beach, FL 33141
Delete ☐Delete ☐Delete ☐Delete ☐Delete ☐Delete ☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Delete ☐ Change ☐ AdditionDelete ☐ Change ☐ AdditionDelete ☐ Change ☐ AdditionDelete ☐ Change ☐ AdditionDelete ☐ Change ☐ AdditionDelete ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/06

305) 573-3077

ORVI MEDICAL CENTER, INC.
3212 NE 2ND AVENUE
MIAMI, FL 33137

1221

DATE

4/14/06

63-643/670
BRANCH 00067PAY
TO THE
ORDER OF

Fla. Department of State

\$ 150.00

DOLLARS

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Features
Details on
BackWACHOVIA
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FOR

year 06 Corp. Fee.