

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M22314

1. Entity Name

ORVI MEDICAL CENTER INC.



FILED

07 MAY -9 PM 3:28

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/04)

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

4. FEI Number

59-2593667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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, 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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Mr. Orlando J. Zaldivar  
Apt. 201  
7440 Harding Ave.  
Miami Beach, FL 33141

RS

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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05/23/07--01011--010 \*\*\*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 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

4/24/07

Business Phone #