
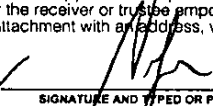


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90200 035 \*\*\*150.00

<b>DOCUMENT # P00000032835</b>																																																					
<b>1. Entity Name</b> NARMO L. ORTIZ JR., DPM, P.A.																																																					
<b>Principal Place of Business</b> 1003 DEL PRADO BLVD. SUITE 201 CAPE CORAL, FL 33990			<b>Mailing Address</b> 1003 DEL PRADO BLVD. SUITE 201 CAPE CORAL, FL 33990																																																		
<b>2. Principal Place of Business - No P.O. Box #</b> 1413 VISCAYA PARKWAY		<b>3. Mailing Address</b> 1413 VISCAYA PARKWAY																																																			
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc. SUITE A																																																			
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL		<b>4. FEI Number</b> 65-0996173																																																	
Zip 33990		Country USA		Applied For <input type="checkbox"/> Not Applicable																																																	
Zip 33990		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																	
<b>6. Name and Address of Current Registered Agent</b>  FEINSTEIN, MONICA L 13180 N. CLEVELAND AVENUE 218 N. FT. MYERS, FL 33903			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																		
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 65%; padding: 2px;">                     DR                      ORTIZ, NARMO L JR.                      1003 DEL PRADO BLVD. SUITE 201                      CAPE CORAL, FL 33990                 </td> <td style="width: 20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete                 </td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 65%; padding: 2px;">                     1413 VISCAYA PARKWAY, SUITE A                      CAPE CORAL, FL 33990                 </td> <td style="width: 20%; padding: 2px; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR ORTIZ, NARMO L JR. 1003 DEL PRADO BLVD. SUITE 201 CAPE CORAL, FL 33990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1413 VISCAYA PARKWAY, SUITE A CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR ORTIZ, NARMO L JR. 1003 DEL PRADO BLVD. SUITE 201 CAPE CORAL, FL 33990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1413 VISCAYA PARKWAY, SUITE A CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>																																																					
<b>SIGNATURE:</b> 																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																					
Date <u>3/13/07</u> Daytime Phone # _____																																																					