


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 8:00 am
Secretary of State

02-17-2006 90082 013 ***150.00

DOCUMENT # P00000033150 1. Entity Name ORLANDO FAMILY PHYSICIANS, INC.			
Principal Place of Business 885 N. POWERS DRIVE SUITE B ORLANDO FL 32818		Mailing Address 885 N. POWERS DRIVE SUITE B ORLANDO FL 32818	
2. Principal Place of Business 1130 S. SEMORAN BLVD SUITE C ORLANDO FL		3. Mailing Address 1130 S. SEMORAN SUITE C ORLANDO FL	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32807		Zip 32807	
Country USA		Country USA	
4. FEI Number 59-3635929		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, JORGE L. 4779 COLLINS AVE. #1106 MIAMI BEACH FL 33140		7. Name and Address of New Registered Agent Name: JORGE L. GARCIA Street Address (P.O. Box Number is Not Acceptable): 4779 COLLINS 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, JORGE L 4779 COLLINS AVE. #1106 MIAMI BEACH FL 33140	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JORGE L. GARCIA 4779 COLLINS AVE #1106 MIAMI BEACH FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
SIGNATURE: <u>Jorge L Garcia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-24-06 305-9623999 <small>Date Daytime Phone #</small>	



ATTACHMENT

66005754

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

ORLANDO FAMILY PHYSICIANS, INC.
1130 S. SEMORAN BLVD
SUITE C
ORLANDO, FL 32807

Subject: **ORLANDO FAMILY PHYSICIANS, INC.**

Reference Number: **P00000033150**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION