

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90056 009 ***150.00

DOCUMENT # P00000062257

1. Entity Name

CAMILO E. FLOREZ, M.D., P.A.



Principal Place of Business

683 GREENE AVENUE
WINTER PARK FL 32792

Mailing Address

200 S ORANGE AVE
SUITE 2300
ORLANDO FL 32802-0112



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3383568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUNTRUST CENTER, SUITE 2300
ORLANDO FL 32802-0112

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, 2006 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. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
FLOREZ, CAMILO E MD
683 GREENE AVE
WINTER PARK FL 32792

☐ Delete

TITLE
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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:

Camilo Florez camilo florez 02/22/06 407-647-7141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Baker Hostetler

ATTACHMENT
40018668
#P0000062257

February 23, 2006

Florida Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2006 UBR – Camilo E. Florez, M.D., P.A.
Client-Matter No. 26265-10574

Dear Sir or Madam:

Enclosed please find the 2006 Profit Corporation Uniform Business Report for the above-referenced entity. Also enclosed is a check in the amount of \$150.00 to cover the cost of the filing fee.

Should you have any questions regarding the enclosed, please do not hesitate to contact me.

Very truly yours,



Laurie L. Bergstresser
Paralegal

Enclosure

26165, 10574, 101229662

Baker & Hostetler LLP

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Orlando, FL 32801-3432

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