

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P02000019286	
1. Entity Name DR. ISABEL M. ORDAZ O.D., P.A.	
Principal Place of Business 12810 SW 43 DRIVE DR., #117-B MIAMI, FL 33175	Mailing Address 12810 SW 43 DRIVE DR., #117-B MIAMI, FL 33175



03182007 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3028894	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent ORDAZ, ISABEL M 12810 SW 43 DRIVE DR., #117-B MIAMI, FL 33175	
--	--

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORDAZ, ISABEL M 12810 SW 43 DRIVE DR., #117-B MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000692655
04/16/07-80008-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Isabel M. Ordez ISABEL M. ORDAZ 4-307 (305) 321-3624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #