


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

|  |   |                                 |  |   |  |
|--|---|---------------------------------|--|---|--|
| <b>DOCUMENT # P03000044208</b><br>1. Entity Name<br><b>OROZCO MEDICAL CENTER, INC</b>  |   |                                 |  |                                 |  |
| Principal Place of Business<br><b>1914 NORTH HIMES AVE<br/>TAMPA FL 33607</b>  |   |                                 | Mailing Address<br><b>1914 NORTH HIMES AVE<br/>TAMPA FL 33607</b>  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State   |   |                                 | City & State   |   |  |
| Zip  |   | Country                         |  | 4. FEI Number<br><b>41-2091050</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |                                 |  | Applied For<br><input type="checkbox"/> Not Applied   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>OROZCO, CLAUDIA P<br/>1914 NORTH HIMES AVE<br/>TAMPA FL 33607</b>  |   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |                                 |  | FL Zip Code   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when consenting) DATE _____   |   |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Added to Fee</b> |   |  |
| 10. OFFICERS AND DIRECTORS   |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>OROZCO, CLAUDIA P<br/>1914 NORTH HIMES AVE<br/>TAMPA FL 33607</b> | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| 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. |   |                                 | U000000419516<br>02/15/06 80011-005 150.00   |   |  |
| SIGNATURE: <i>Claudia P. Orozco</i>  |   |                                 | 1/31/06 (813) 83369  |   |  |