

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000044208</b> 1. Entity Name <b>OROZCO MEDICAL CENTER, INC</b>					
Principal Place of Business <b>1914 NORTH HIMES AVE TAMPA FL 33607</b>			Mailing Address <b>1914 NORTH HIMES AVE TAMPA FL 33607</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>OROZCO, CLAUDIA P 1914 NORTH HIMES AVE TAMPA FL 33607</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>OROZCO, CLAUDIA P 1914 NORTH HIMES AVE TAMPA FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center;"> <b>U00000874472</b>  <b>04/10/08-80121-008 150.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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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	
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.					
<b>SIGNATURE:</b>			<b>3/28/08 (813) 832-035</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



1st MOORE CR2E034 (10/07)

4. FEI Number **41-2091050** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**FL** Zip Code