## 2007 FOR PROFIT CORPORATION

## Mar 05, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P03000067557** ORLÁNDO GARCIA D.O., P.A. Principal Place of Business Mailing Address 7100 WEST 20TH AVENUE #515 7100 WEST 20TH AVENUE #515 HIALEAH, FL 33016 HIALEAH, FL 33016 CR2E034 (11/05) 01132007 No Cha-P DO NOT WRITE IN THIS SPACE A; olied For 4. FEI Number 20-0045652 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GARCIA, ORLANDO DO NOT WRITE 7100 WEST 20TH AVENUE #515 HIALEAH, FL 33016 IN THIS SPACE 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 ed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000656778 03/14/07-80039-014 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE GARCIA, ORLANDO NAME 7100 WEST 20TH AVENUE #515 STREET ADDRESS CITY - ST - ZIP HIALEAH, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-7(P

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED