

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000134711**

1. Entity Name

J. RAPHA MEDICAL, P.A.



Principal Place of Business  
801 W OAK ST - STE 104  
KISSIMMEE FL 34741

Mailing Address  
801 W OAK ST - STE 104  
KISSIMMEE FL 34741



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-4287417**

Applied For  
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MEDINA, TANYA MARIE MD  
801 W OAK ST - STE 104  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

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, 2007 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

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| TITLE           | PSTD                    | <input type="checkbox"/> Delete |
| NAME            | MEDINA, TANYA MARIE MD  |                                 |
| STREET ADDRESS  | P O BOX 421203          |                                 |
| CITY - ST - ZIP | KISSIMMEE FL 34742-1203 |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                           |                                                                   |
|-----------------|---------------------------|-------------------------------------------------------------------|
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |                                                                   |
| STREET ADDRESS  | U000000645180             |                                                                   |
| CITY - ST - ZIP | 03/02/07-80072-018 150.00 |                                                                   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |                                                                   |
| STREET ADDRESS  |                           |                                                                   |
| CITY - ST - ZIP |                           |                                                                   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |                                                                   |
| STREET ADDRESS  |                           |                                                                   |
| CITY - ST - ZIP |                           |                                                                   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |                                                                   |
| STREET ADDRESS  |                           |                                                                   |
| CITY - ST - ZIP |                           |                                                                   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |                                                                   |
| STREET ADDRESS  |                           |                                                                   |
| CITY - ST - ZIP |                           |                                                                   |

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #