

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000094948

**FILED**  
**May 02, 2012**  
**Secretary of State**

**Entity Name:** ORANGE COUNTY PHYSICIANS, INC

**Current Principal Place of Business:**

13559 FALCON POINTE DR  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

13559 FALCON POINTE DR  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 45-3730314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, VASCO  
13559 FALCON POINTE DR  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUEZ, VASCO  
Address: 13559 FALCON POINTE DR  
City-St-Zip: ORLANDO, FL 32837

Title: VP  
Name: RODRIGUEZ, VASCO  
Address: 13559 FALCON POINTE DR  
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. VASCO A. RODRIGUEZ CALZADA

P

05/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date