

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035079

1. Entity Name

ORLANDO A. ARANA MD PA



FILED  
Apr 26, 2004 8:00 am  
Secretary of State

04-07-2004 90013 009 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

66414929  
DO NOT WRITE

2. Principal Place of Business Orlando A. AranapA Suite, Apt. #, etc.		3. Mailing Address 447 N. Krome Ave. Suite, Apt. #, etc.	
City & State Homestead FL 33030		City & State Homestead FL 33030	
Zip	Country	Zip	Country
DO NOT WRITE IN THIS SPACE			
<p>4. FEI Number 65-0923741</p> <p>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</p> <p>7. Name and Address of Current Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City _____ Zip Code FL _____</p>			

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

January 1, May 1, Fee is \$150.00  
After May 1, Fee is \$850.00

Amended UBR is \$61.25

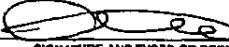
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSJD ARANA, ORLANDO A. 447 N. KROME AVE. HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  ORLANDO A. ARANA MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 (305)247-2080  
Date Daytime Phone

CR2E034B (12/02)