

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # S31577

1. Entity Name
ORLANDO CENTER FOR INTERNAL MEDICINE AND
PRIMARY CARE, P.A.



Principal Place of Business
10000 W COLONIAL DR
#487
OCOE, FL 34761-3498

Mailing Address
10000 W COLONIAL DR
#487
OCOE, FL 34761-3498



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3050752

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NATHANSON, RICHARD P
10000 W COLONIAL DR
#487
OCOE, FL 34761-3498

**DO NOT WRITE
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.

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**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DORN, AMY K
STREET ADDRESS	10000 W COLONIAL DR # 487
CITY-ST-ZIP	OCOE, FL 347613498
TITLE	V
NAME	NATHANSON, RICHARD P
STREET ADDRESS	10000 W COLONIAL DR # 487
CITY-ST-ZIP	OCOE, FL 347613498
TITLE	T
NAME	MARSEL, SCOTT D
STREET ADDRESS	10000 W COLONIAL DR #487
CITY-ST-ZIP	OCOE, FL 347613498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000653019
03/13/07-800003-012 150.00

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07

Date

407-296-1923

Daytime Phone #