

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
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**



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3050752

Applied For
Not Applicable

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

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

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04/08/08-80053-024 150.00

**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

Date

Daytime Phone #