

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S31577

FILED  
Apr 07, 2010  
Secretary of State

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

**Current Principal Place of Business:**

10000 W COLONIAL DR  
#487  
OCOE, FL 347613498

**New Principal Place of Business:**

10000 W COLONIAL DR  
#487  
OCOE, FL 34761

**Current Mailing Address:**

10000 W COLONIAL DR  
#487  
OCOE, FL 347613498

**New Mailing Address:**

**FEI Number:** 59-3050752      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MARSEL, SCOTT D MD  
10000 W COLONIAL DR  
#487  
OCOE, FL 347613498 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DORN, AMY K  
**Address:** 10000 W COLONIAL DR # 487  
**City-St-Zip:** OCOE, FL 347613498

**Title:** T  
**Name:** MARSEL, SCOTT D  
**Address:** 10000 W COLONIAL DR #487  
**City-St-Zip:** OCOE, FL 347613498

**Title:** S  
**Name:** TRAN, TRUC T  
**Address:** 10000 W COLONIAL DR #487  
**City-St-Zip:** OCOE, FL 347613498

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: SCOTT D. MARSEL

T

04/07/2010

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

\_\_\_\_\_  
Date