

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S90311

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** WEST ORANGE FAMILY MEDICAL CARE, P.A.

**Current Principal Place of Business:**

1002 SOUTH DILLARD STREET  
102  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

1002 SOUTH DILLARD STREET  
102  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:** 65-0298069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASMA, WILLIAM N.  
886 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787 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:** PD  
**Name:** MERCADO, MICHAEL G.  
**Address:** 1002 SOUTH DILLARD ST. SUITE102  
**City-St-Zip:** WINTER GARDEN, FL 34787

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:** MICHAEL G. MERCADO

MR.

03/10/2010

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

\_\_\_\_\_  
Date