

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
1995 DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1. Corporation Name  
JORGE L. ORBAY-CERRATO, M.D., P.A.

DOCUMENT # 1995 MAY -1 PM 6:18  
V68473 (0)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address  
25 SE 2ND AVE  
900 INGRAHAM BLDG  
MIAMI FL 33131

Principal Place of Business  
25 SE 2ND AVE  
900 INGRAHAM BLDG  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1992  
3a. Date of Last Report: 07/23/1993

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address		2a. Principal Place of Business		4. FEI Number		Applied For	
21		26		65-0367050		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
22		27		\$8.75 Annual Fee <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>	
23. City & State		28. City & State		7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
24. Zip		25. Country		29. Zip		30. Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MURAI WALD BIONDO & MORENO PA 25 SE 2ND AVE 900 INGRAHAM BLDG MIAMI FL 33131				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.  
SIGNATURE: *[Signature]* DATE: 4/27/95

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11. TITLE	D	ORBAY-CERRATO, JORGE L		11. TITLE			
12. NAME		4849 PONCE DE LEON BLVD		12. NAME			
13. STREET ADDRESS		CORAL GABLES FL		13. STREET ADDRESS			
14. CITY, ST, ZIP				14. CITY, ST, ZIP			
21. TITLE				21. TITLE		100001492801	
22. NAME				22. NAME		-05/18/95--01005--011	
23. STREET ADDRESS				23. STREET ADDRESS		****225.00 ****225.00	
24. CITY, ST, ZIP				24. CITY, ST, ZIP			
31. TITLE				31. TITLE			
32. NAME				32. NAME			
33. STREET ADDRESS				33. STREET ADDRESS			
34. CITY, ST, ZIP				34. CITY, ST, ZIP			
41. TITLE				41. TITLE			
42. NAME				42. NAME			
43. STREET ADDRESS				43. STREET ADDRESS			
44. CITY, ST, ZIP				44. CITY, ST, ZIP			
51. TITLE				51. TITLE			
52. NAME				52. NAME			
53. STREET ADDRESS				53. STREET ADDRESS			
54. CITY, ST, ZIP				54. CITY, ST, ZIP			
61. TITLE				61. TITLE			
62. NAME				62. NAME			
63. STREET ADDRESS				63. STREET ADDRESS			
64. CITY, ST, ZIP				64. CITY, ST, ZIP			

14. I do, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report, supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I have fulfilled all obligations concerning the filing of this report imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee responsible to make this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/27/95 305(601-3000)