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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V68473 (0)

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



Principal Place of Business
4649 PONCE DE LEON BLVD
STE #402
CORAL GABLES FL 33131

Mailing Address
4649 PONCE DE LEON BLVD
STE #402
CORAL GABLES FL 33146-2121

3. Date Incorporated or Qualified: 10/05/1992
3a. Date of Last Report: 04/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 65-0367050
Applied For: Not Applicable

21. Suite, Apt #, etc.

26. Suite, Apt #, etc.

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

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. Zip: 33146 Country

28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. 33146 25. Country

29. 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURAJ 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 FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE: (Signature) (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 rows for Officers and Directors. Each row includes Title, Name, Street Address, City-ST-ZIP, and a DELETE checkbox. The first row is filled with: D, ORBAY-CERRATO, JORGE L, 4649 PONCE DE LEON BLVD, CORAL GABLES FL.

Table with 4 columns for Additions/Changes to Officers and Directors in 12. Each column includes Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes. The first row is filled with: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP (33146).

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (Signature) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)