

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90246 040 \*\*\*150.00

**DOCUMENT # V68473**

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



Principal Place of Business  
 8905 SW 87TH AVE.  
 STE #100  
 MIAMI, FL 33176 US

Mailing Address  
 8905 SW 87TH AVE.  
 STE #100  
 MIAMI, FL 33176 US

94075261



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0367050 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

AMKGS REGISTERED AGENTS INC.  
 ONE S.E. 3RD AVENUE  
 STE. 1980  
 MIAMI, FL 33131

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	ORBAY-CERRATO, JORGE L
STREET ADDRESS	8905 SW 87 AVE 100
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	BADIA, ALEJANDRO
STREET ADDRESS	8905 SW 87 AVE 100
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VPS
NAME	KHOURI, ROGER
STREET ADDRESS	8905 SW 87 AVE 100
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #