

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90282 046 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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

50023205



02212005 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 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: Maria Tremols-Edoay Date: 2.28.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR