

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



02212006 No Chg-P CR2E034 (11/05)

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

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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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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    |                        |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #