


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
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02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0367050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

6. 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P ORBAY-CERRATO, JORGE L 8905 SW 87 AVE 100 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BADIA, ALEJANDRO 8905 SW 87 AVE 100 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KHOURI, ROGER 8905 SW 87 AVE 100 MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/11/06-80123-003 150.00

**DO NOT WRITE
 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:

Jorge L. Orbay-Cerrato
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 666-3400