

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K78082

**Entity Name:** JOSE ORCASITA - NG, P.A.

**Current Principal Place of Business:**

7000 W 12TH AVE  
21-22  
HIALEAH, FL 33014

**Current Mailing Address:**

7000 W 12TH AVE  
21-22  
HIALEAH, FL 33014

**FEI Number:** 65-0111395

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ORCASITA, JOSE A., M.D.  
7000 WEST 12 AVENUE  
SUITE 21-22  
HIALEAH, FL 33014 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DPS  
Name           ORCASITA-NG, JOSE  
Address        16205 W PRESTWICK PL  
City-State-Zip: HIALEAH FL 33014

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ORCASITA-NG, JOSE A. M.D.

**MEDICAL  
DOCTOR/OWNER**

**02/17/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date