

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000006142

FILED
Jan 12, 2009
Secretary of State

Entity Name: ARMANDO A. GARCIA, M.D., P.A.

Current Principal Place of Business:

475 BILTMORE WAY
#205
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

475 BILTMORE WAY
#205
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0635578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ARMANDO
475 BILTMORE WAY
#205
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GARCIA, ARMANDO A MD
475 BILTMORE WAY
#205
CORAL GABLES, FL 33134 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: SIGNATURE _____ 01/12/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, ARMANDO
Address: 475 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, ARMANDO A MD
Address: 475 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: OFFICER DIRECTOR SIGNATURE _____ P 01/12/2009
Electronic Signature of Signing Officer or Director Date