FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **589386** **(2)**

1. Corporation Name

MARIANO GARCIA, M.D., P.A.

Principal Place of Business

1110 BRICKELL AVENUE
SUITE 402
MIAMI FL 33131
US

Mailing Address

1110 BRICKELL AVENUE
SUITE 402
MIAMI FL 33131
US

3. Date Incorporated or Qualified: **10/14/1978**

3a. Date of Last Report: **01/30/1995**

4. FEI Number: **59-1857703** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

GARCIA, MARIANO
~~1295 NW 14TH~~ **ST.**
1110 BRICKELL AVENUE, SUITE 402
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Ave, #402
83
84 City Miami FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 2-19-96
Signature of New Registered Agent (if changing) DATE

12. OFFICERS AND DIRECTORS

TITLE MD ☐ DELETE
NAME GARCIA, MARIANO
STREET ADDRESS 1110 BIRCKELL AVENUE, SUITE 402
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is true, complete and accurate. This filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2-19-96 305-577-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #