

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 # 596496

(0)

1. Corporation Name

GARCIA & FOJO, M.D., P.A.



Principal Place of Business

1190 NW 95TH ST
SUITE 107
MIAMI FL 33150

Mailing Address

1190 NW 95TH ST
SUITE 107
MIAMI FL 33150

3. Date Incorporated or Qualified

12/06/1978

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

21 15600 NW 67TH AVE.

22 SUITE 105

23 MIAMI LAKES FL

24 33014 25 US

2a. Mailing Address

26 15600 NW 67TH AVE

27 SUITE 105

28 MIAMI LAKES FL

29 33014 30 US

4. FEI Number

59-1867723

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

9. Name and Address of Current Registered Agent

FOJO, ROBERTO M.D.
1190 NW 95TH ST SUITE 107
MIAMI FL 33150

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

15600 NW 67TH AVE.

83

SUITE 105

84

City MIAMI LAKES

FL

85 Zip Code

33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 of corporation, registered agent and the applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GARCIA, JORGE J.
STREET ADDRESS 1190 NW 95 STREET #107
CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE

NAME FOJO, ROBERTO
STREET ADDRESS 1190 NW 95 STREET #107
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 15600 NW 67TH AVE SUITE 105
1.4 CITY-ST-ZIP MIAMI LAKES, FL 33014

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 15600 NW 67TH AVE SUITE 105
2.4 CITY-ST-ZIP MIAMI LAKES, FL 33014

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO FOJO MD

2/7/96

305 5588440

Date

Daytime Phone #

CR2E034 (12/95)