


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90451 024 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 637952</b>	
1. Entity Name <b>MIGUEL B. GARCIA, M.D., P.A.</b>	

Principal Place of Business <b>6719 GALL BLVD SUITE 205 ZEPHYRHILLS, FL 33641</b>	Mailing Address <b>6719 GALL BLVD SUITE 205 ZEPHYRHILLS, FL 33641</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip <b>33542</b>	Country	Zip <b>33542</b>	Country
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04272005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1934092</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**GARCIA, MIGUEL B  
6719 GALL BLVD., #205  
ZEPHYRHILLS, FL 33641  
33542**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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 \_\_\_\_\_  
Specify type of agent name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP GARCIA, MIGUEL B 6719 GALL BLVD., #205 ZEPHYRHILLS, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CHIANG, KONG DANG L 13020 FT KING RD. DADE CITY FL.</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MADANI, BEHROUZ 13540 17TH ST. DADE CITY, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute. 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: *Miguel B. Garcia* **MIGUEL B. GARCIA, M.D.** 4-27-05 (813)788-7683  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #