

2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/4/2007-90043-002-\$150.00-\$150.00

FILED

2007 SEP 28 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #637952

1. Entity Name
MIGUEL B. GARCIA, M.D., P.A.



Principal Place of Business
6719 GALL BLVD
SUITE 205
ZEPHYRHILLS, FL 33542

Mailing Address
6719 GALL BLVD
SUITE 205
ZEPHYRHILLS, FL 33542

DO NOT WRITE IN THIS SPACE

03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1934092 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered agent signature required when releasing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	GARCIA, MIGUEL B	6719 GALL BLVD., #205	ZEPHYRHILLS, FL
D	CHIANG, KONG DANG L	13020 FT KING RD.	DADE CITY FL
D	MADANI, BEHROUZ	13540 17TH ST.	DADE CITY, FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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10/04/07--01036--024 **400.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 information.

SIGNATURE: *Miguel B Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-07 913-700-7683
Date Daytime Phone

10/30