

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 04, 2008 08:00 AM
Secretary of State

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



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1934092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00000815090
02/13/08-80070-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GARCIA, MIGUEL B
STREET ADDRESS	6719 GALL BLVD., #205
CITY-ST-ZIP	ZEPHYRHILLS, FL

TITLE	D
NAME	CHIANG, KONG DANG L
STREET ADDRESS	13020 FT KING RD.
CITY-ST-ZIP	DADE CITY FL

TITLE	D
NAME	MADANI, BEHROUZ
STREET ADDRESS	13540 17TH ST.
CITY-ST-ZIP	DADE CITY, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 empowered.

SIGNATURE: *Miguel B Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08
Date

Daytime Phone #