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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
• ANNUAL REPORT
1995**



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

DOCUMENT # G49700 (9)

**1. Corporation Name
LINCOLN A. GARAY, M.D., P.A.**

**Principal Place of Business Mailing Address
7100 WEST 20 AVE #212 7100 WEST 20 AVE #212
POST OFFICE BOX 2042 POST OFFICE BOX 2042
HIALEAH FL 33012 HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/21/1983 3a. Date of Last Report 02/18/1994
4. FEI Number 59-2315563 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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [] Yes [] No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GARCIA, EDUARDO
1149 SW 27 AVE., SUITE 203
MIAMI FL 33135**

10. Name and Address of New Registered Agent
B1 Name Sybil R. Garay
B2 Street Address (P.O. Box Number is Not Acceptable) 14741 Dade Pine Ave
B3 Miami Lakes
B4 City FL B5 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] SYBIL R. GARAY DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME GARAY, LINCOLN A.
STREET ADDRESS 7100 WEST 20 AVE #212	
CITY-ST-ZIP HIALEAH FL	
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with no address.

SIGNATURE: [Signature] LINCOLN A. GARAY MAA/95 305 337-1830