


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # G49700 1. Entry Name LINCOLN A. GARAY, M.D., P.A.	
--	---

Principal Place of Business 7100 WEST 20TH AVE 212 HIALEAH, FL 33016 US	Mailing Address PO BOX 22042 HIALEAH, FL 33012 US
--	---



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2315563	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 GARAY, SYBIL R 14741 DADE PINE AVE MIAMI LAKES, FL 33014	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rehashing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

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

00000004246
01/15/04 80003-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Lincoln A. Garay, M.D., P.A. 01-12-04 305-556-630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #