



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90002 030 \*\*\*150.00

<b>DOCUMENT # G49700</b> 1. Entity Name LINCOLN A. GARAY, M.D., P.A.					
Principal Place of Business <b>7100 WEST 20TH AVE</b> <b>212</b> <b>HIALEAH, FL 33016</b> US			Mailing Address PO BOX 22042 HIALEAH, FL 33012 US		
2. Principal Place of Business <b>1085 EAST 4AVE</b>		3. Mailing Address			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State <b>HIALEAH FL</b>		City & State		4. FEI Number <b>59-2315563</b>	
Zip <b>33013</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  GARAY, SYBIL R 14741 DADE PINE AVE MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARAY, LINCOLN A. <b>7100 WEST 20 AVE #212, 1085 EAST 4 AVE</b> <b>HIALEAH, FL HIALEAH FL 33013</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 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:  <b>LINCOLN A. GARAY PRES</b>			<b>2/8/06</b> <b>305 887-1212</b> <small>Date Daytime Phone #</small>		