

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K14389** (6)

1. Corporation Name

JUAN DE DIOS GARCIA, DMD, P.A.



Principal Place of Business

**15525 BULL RUN RD
MIAMI LAKES FL 33014**

Mailing Address

**15525 BULL RUN RD
MIAMI LAKES FL 33014**

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, JUAN DE DIOS
15525 BULL RUN RD
MIAMI LAKES FL 33014**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

3. Date incorporated or Qualified

02/10/1988

3a. Date of Last Report

02/02/1995

4. FEI Number

65-0030135

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent or other authorized officer

DATE: Registered Agent's Signature and Date of Filing

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

**D
GARCIA, JUAN DE DIOS
15525 BULL RUN RD
MIAMI LAKES FL**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan de Dios Garcia
Director

4-15-96

DATE

821-4777

Daytime Phone #

CR2E034 (12/95)