Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90097 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K14389

1. Corporation Name

JUAN DE DIOS GARCIA, DMD, P.A.

JJ. 11 J.										
Principal Place	e of Business	Mailing Address	-			1 (Setell) and their attention and their art	•			
15525 BULL RUN RD 15525 BULL RUN RD MIAMI LAKES FL 33014 MIAMI LAKES FL 33014										
MIAMI CARES PL 33014 MIAMI CARES PE 33017						DO NOT WRITE IN THIS SPACE				
	,					3. Date Incorporated or Qualifed 02/10/1988				
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		$\overline{}$	Apr	lied For
21		26				65-0030135			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			.75 A ee Red	dditional quired
City & State	<u> </u>	City & State				6. Election Campaign Financing		\$:	5.00	May Be
23	_	28				Trust Fund Contribution		•	dded to	•
Zip	. Country	Zip 29	Cou.	ntry	-	This corporation owes the current yea Personal Property Tax.	r Inta	angible		□No
24	9. Name and Address of Curre		1001	Γ		10. Name and Address of New Register	red /	Agent		
			_	81	Name					
GARCIA, JUAN DE DIOS 15525 BULL RUN RD				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
ALIM	MI LAKES FL 33014			83				_		
			i	84	City	oration submits this statement for the purpos	FL	85	Zip C	
agent. I a	m familiar with, and accept the obligation	ations of, Section 607.0505, Fl	orida Statı	utes.	t signature required		E			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AN			
TITLE	D	☐ DELETE	1.1 717	TLE	l			다	ange	☐ Addition
NAMÉ	GARCIA, JUAN DE DIOS		1.2 NA	ME						
STREET ADDRESS	15525 BULL RUN RD		1.3 \$T	REET	ADDRESS					
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CI	TY-ST	r-zip						
TITLE		☐ DELETE	2.1 Π	TLE					nange	Addition
NAME			2.2 NA	AME						
STREET ADDRESS			2.3 ST	REET	ADDRESS					
CITY-ST-ZIP			2. 4 C		T-ZIP					
TITLE		☐ DELETE	3.1 717	TLE	1			□ CI	nange	Addition
NAME .			3.2 NA	AME.						_
STREET ADDRESS			3.3 ST	REET	ADDRESS				•	, ,-
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP					
TITLE	·	☐ DELETE	4.1 TIT	TLE				□ CI	ange	Addition
NAME	•		4.2 N	AME						
STREET ADDRESS			4.3 ST	TREET	ADDRESS					
CITY-ST-ZIP		<u></u>	4.4 CF	TY-ST	r-zip					
TITLE		DELETE	5.1 TI	πE					nange	☐ Addition
NAME			5.2 NA	AME						
STREET ADDRESS			5.3 ST	TREET	ADDRESS					
CITY-ST-ZIP			5.4 CT	TY-51	T-ZIP					
TITLE	- 10	DELETE	6.1 TT	TLE					hange	☐ Addition

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP