

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K29744 (5)**

1. Corporation Name

CARLOS ALBERTO GARCIA D.M.D., P.A.



Principal Place of Business

Mailing Address

300 WOODCREST RD.
KEY BISCAVNE FL 33149
US

300 WOODCREST RD
KEY BISCAVNE FL 33149
US

3. Date Incorporated or Qualified **07/28/1988** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 **721 S. MASHTA DR.**

26 **721 S. MASHTA DR.**

4. FEI Number **65-0061551** Applied For Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

23 **KEY BISCAVNE, FL**

28 **KEY BISCAVNE, FL**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 **33149** 25 Country

29 **33149** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, CARLOS ALBERTO
300 WOODCREST RD.
KEY BISCAVNE FL 33149**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **721 S. MASHTA DR.**
83
84 City **KEY BISCAVNE** FL 85 Zip Code **33149**

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 and title, if applicable)

(NOTE: Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, CARLOS ALBERTO	
STREET ADDRESS	300 WOODCREST RD.	
CITY - ST - ZIP	KEY BISCAVNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	721 S. MASHTA DR
1.4 CITY - ST - ZIP	Key Biscayne Fl. 33149
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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-96

DATE DATE OF FILING

CR2E034 (3/96)