## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

3612169

Sandra B. Mortham

Secretary of State 

DIVISION OF CORPORATIONS

DOCUMENT # K29744

(5)

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

appears in Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE:

Principal Place	e of Business	Mailing Address				. 1641-1010 Ath 11619 Latte Label Bibts Ath Athle Andre Athle Bibts Bibts 4564				
721 S. MASHTA DR. KEY BISCAYNE 33 33149 US		721 S. MASHTA DR. KEY BISCAYNE 33 33149-1736 US								
						3. Date Incorporated or Qualified 07/28/1988	3a. Date of Last Report 08/05/1996			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	<del></del>	T A	pplied For	1
21		26				<b>65-0061551</b> Not Applicable				1
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			E. Carlinata at Out a David		\$8.75	Additional	1
22		27			5. Certificate of Status Desired	L.J	Fee R	equired		
City & State	0	City & State			6. Election Campaign Financing		\$5.00	May Be	1	
23		28			Trust Fund Contribution		Added	to Fees	].	
Zip	Country	Zip	<b> </b>			B. This corporation has liability for			. 199.032,	
24	25	29	30	Ţ				No		_
	9, Name and Address of Currer	it Registered Agent		-		10. Name and Address of New Re	pistered	Agent		4
	ICIA, CARLOS ALBERTO			81	Name					
721 S. MASHTA DR.				82 Street Address (P.O. Box Number is Not Acceptable)				<del></del>		1
KEY	BISCAYNE FL 33149									1
				63						
•				84	City		FL	<b>85</b> Zip	Code	1
11 Priferant	to the provisions of Sections 607 050	2 and 607 1509 Florida Statut	ee the s	bour	namad cara	oration culmits this statement for the s			to registered	
office or re	egistered agent, or both, in the State or familiar with, and accept the oblice	of Florida. Such change was a strong of Section 607 0505. Flo	authorize orida Sta	id by	the corporation	oration submits this statement for the pon's board of directors. I hereby accep	t the app	xointment as	registered	
SIGNATURE			onda bla	ii()i();	·					
	Signature, typed or printed name of registered age			xd Age	ent signature require	ed when reinstating)	DATE			1
12.	OFFICERS AN					ADDITIONS/CHANGES TO OFFIC	EHS AND	Change	RS IN 12	-18
NAME	GARCIA, CARLOS ALBERTO			1.1 TITLE 1.2 NAME				L.J Change	Addillost	CR2E034 (9/96)
	721 S. MASHTA DR.								,	S
STREET ADDRESS	KEY BISCAYNE FL.			1.3 STREET ADDRESS 1.4 City-St-Zip						E(
CITY-ST-ZIP TITLE	NET BOOKINE I'E	DELETE	1.4 C) DELETE 2.1 TIT		i - ZIP		··········	Change	Addition	-1뜻
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NAME		First Octob	1	NAME					L MUUIIIVII	
					ADDREOD					
STREET ADDRESS					ADDRESS					
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NAME						,		onunge		1
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STREET ADDRESS					ADDRESS					
CHY+S1+ZIP TIYLE		☐ DELETE	_	ITY - S	it - ZIP			Change	☐ Addition	4
		LI DELCH	6.1 T					change	AGGIRGI	
NAME CARCUA ADORGGO			6.2 N		I Dobe de					
STREET ADDRESS			6.3 S	TREET	ADDRESS					

14. I do hereby certify that the information supplied with this filing does not qualify for the event blood statute. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that this 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