

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K30548** (7)

1. Corporation Name

**NELSON GARCIA-MORALES M.D., P.A.**



Principal Place of Business

Mailing Address

% NELSON GARCIA  
9951 S.W. 40TH ST  
MIAMI FL 33165

% NELSON GARCIA  
9951 S.W. 40TH ST  
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GARCIA, NELSON**  
9951 S.W. 40TH ST  
MIAMI FL 33165

3. Date Incorporated or Qualified

08/09/1988

3a. Date of Last Report

02/16/1995

4. FEI Number

65-0065093

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

81 Name

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

83

84 City

FL

85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **DPS**  DELETE  
NAME: **GARCIA, NELSON**  
STREET ADDRESS: **7725 SW 72ND TERRACE**  
CITY- ST- ZIP: **MIAMI FL**

TITLE: **DT**  DELETE  
NAME: **GARCIA, NELSON**  
STREET ADDRESS: **7725 SW 72ND TERRACE**  
CITY- ST- ZIP: **MIAMI FL**

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY- ST- ZIP:

2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY- ST- ZIP:

3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY- ST- ZIP:

4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY- ST- ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY- ST- ZIP:

6.1 TITLE:  Change  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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

Date

Daytime Phone #

CR2E034 (12/95)