

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K30548

FILED
Jan 24, 2006
Secretary of State

Entity Name: MIAMI PRIMARY CARE CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0065093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: GARCIA, NELSON,
Address: 7725 SW 72ND TERRACE
City-St-Zip: MIAMI, FL

Title: DT () Delete
Name: GARCIA, ANEYDA
Address: 7725 SW 72 TERR.
City-St-Zip: MIAMI, FL 33143

Title: VD () Delete
Name: LAWER-GARCIA, TATIANA
Address: 9365 SW 98TH AVE.
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: RIVERO, ARMANDO
Address: 9317 SW 123RD TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON GARCIA

DPS

01/24/2006

Electronic Signature of Signing Officer or Director

_____ Date