

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K30548

FILED  
Feb 22, 2007  
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:**

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

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

02/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date