

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K70288 (1)

1. Corporation Name

ALEX GARCIA-PULIDO, M.D., P.A.



Principal Place of Business

Mailing Address

6216 ST AUGUSTINE RD
JACKSONVILLE FL 32217

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JACKSONVILLE FL 32217

3. Date Incorporated or Qualified

02/28/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2936187

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA-PULIDO, ALEXIS
6216 ST AUGUSTINE RD
JACKSONVILLE FL 32217

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 607.0602 and 607.1509, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary of State

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	GARCIA-PULIDO, ALEX	
STREET ADDRESS	6216 ST AUGUSTINE RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11 TITLE	Change	Add
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	Change	Add
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	Change	Add
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	Change	Add
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE	Change	Add
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE	Change	Add
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 in an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96

(904) 448-3884

CR2E034 (3/96)