

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

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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **K70288** (1)

1. Corporation Name
ALEX GARCIA-PULIDO, M.D., P.A.

Principal Place of Business
**6216 ST AUGUSTINE RD
JACKSONVILLE FL 32217**

Mailing Address
**6216 ST AUGUSTINE RD
JACKSONVILLE FL 32217-2509**



3. Date Incorporated or Qualified **02/28/1989** 3a. Date of Last Report **06/17/1996**

2. Principal Place of Business 2a. Mailing Address
4. FEI Number **59-2836187** Applied For
Not Applicable

22 Suite, Apt #, etc. 27 Suite, Apt #, etc.
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 City & State 28 City & State
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip Country 29 Zip Country
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 **Garcia-Pulido, Alex**
82 Street Address (P.O. Box Number is Not Acceptable)
6216 St. Augustine Rd.
83
84 City **Jacksonville** FL 85 **32217**

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 DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D GARCIA-PULIDO, ALEX 6216 ST AUGUSTINE RD JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		3.1 TITLE	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alex Garcia-Pulido, M.D.* 1/13/97 (904) 448-3884
Alex Garcia-Pulido, President

CR2E034 (9/96)