2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

-Mar 23, 2005 08:00 AM DOCUMENT # K70288 **Secretary of State** 1. Entity Name ALEX GARCIA-PULIDO, M.D., P.A. Principal Place of Business Mailing Address 6216 ST AUGUSTINE RD JACKSONVILLE FL 32217 6216 ST AUGUSTINE RD JACKSONVILLE FL 32217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc., Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FE! Number Applied For 59-2936187 Not Applicable Zip . Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA-PULIDO, ALEX Street Address (P.O. Box Number is Not Acceptable) 6216 ST AUGUSTINE RD JACKSONVILLE FL 32217 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Addition Delete Change U00000273444 NAME GARCIA-PULIDO, ALEX NAME 03/23/05-80029-002 150.00 STREET ADDRESS 6216 ST AUGUSTINE RD STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change THLE Addition NAME STREET ADDRESS SIREET ADDRESS CITY - ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete DUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP 12. I 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 report or supplemental 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 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

FILED