2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 27, 2006 8:00 am Secretary of State

1-30-06

DOCUMENT # L11709 1. Entity Name SILVIO A. GARCIA, M.D., P.A.									02-27-200	6 90104	· 007 ***1	50.00
Principal Place of Business				Mailing Address						0		
782 NW LEJEUNE ROAD Suite 548				782 NW LEJEUNE ROAD					6002	21421	J	
MIAMI, FL 33126 US				SUITE 548 MIAMI, FL 33126 US							. .	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01302006	Chg-P	CR2E	034 (11/05)	٠
City & State				City & State				4. FEI Number 65-0144			<u> </u>	plied For t Applicable
Zip	Zip Country			Zip Co		itry	5. Certificate of Status Des		f Status Desired	\$8.75 Additional Fee Required		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
AIMEE L. NUNEZ, ESQ.						Name						
782 NW LEJEUNE ROAD						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 548 MIAMI, FL 33126												
						City	City FL Zip Code					
8. The above	named entity	v suhmits this s	tatement for the	e purpose of changing it	e register	ed office or	register	ed agent, or both	in the State of Eld		familiar with	and accost
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												. <u> </u>
i	Signature, typed	or printed name of re	egistered agent and t	itte if applicable. (NO	TE: Registere	d Agent signatu	re required	when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						noing (00 May Be ed to Fees		- • •-	+ u .17	
10.	1	OFFI	CERS AND DIF	RECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS ANI	DIRECTORS	S IN 11
TITLE NAME	DPST			☐ Delete	TITE! NAM						☐ Change	☐ Addition
STREET ADDRESS	GARCIA, SILVIO A. 8 812 HARBOUR ISLES CT				ET ADDRESS							
CITY-ST-ZIP	N PALM E	BEACH, FL 3	3410		CITY	-ST-ZIP						
TITLE				☐ Delete	TITLI NAM	ľ					☐ Change	☐ Addition
NAME STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP	<u> </u>					-ST-ZIP						
TITLE				☐ Delete	TITL						Спалде	Addition
NAME STREET ADDRESS					NAM Stre	E Et address						
CITY-ST-ZIP					•	-ST-ZIP				•		
TITLE				☐ Delete	TITLI	Ε					☐ Change	☐ Addition
NAME STREET ADDRESS					NAM	E ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITL	E		118-11-1			☐ Change	☐ Addition
NAME					NAM							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -St-zip						12
TITLE	1 1 2 1	**************************************		Delete_	TITLE		∀				☐ Change	☐ Addition
NAME				A BENDALINA	NAM	E Î	• -	355 R. T.				
STREET ADDRESS	3 - 4	· · ·		* * * * * * * * * * * * * * * * * * * *		-ST-ZIP						
	certify that the	e information e	innlied with this	s-filking does not qualify	_	i	ntained	in Chanter 119	Florida Statutes 1	further cor	tify that the in	formation
indicated	12. I hereby certify that the information supplied with this thing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report in further 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 if changed, or on an attachment with an appreciation of the receiver of the corporation of the receiver or trustee empowered.											