

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L17518** (6)

1. Corporation Name

JOHN MICHAEL GARCIA, D.D.S., P.A.

Principal Place of Business

**351 N.W. 42ND AVE., STE. 402
MIAMI FL 33126**

Mailing Address

**351 N.W. 42ND AVE., STE. 402
MIAMI FL 33126**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
09/19/1989

3a. Date of Last Report
07/11/1995

4. FEI Number
65-0144616

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

9. Name and Address of Current Registered Agent

**GARCIA, JOHN M.
351 NW 42ND AVE., STE. 402
MIAMI FL 33126**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0500 and 607.1500, 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 607.0500, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1 NAME
D GARCIA, JOHN MICHAEL
351 NW 42ND AVE #402
MIAMI FL

☐ DELETE

2 NAME
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

3 NAME
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

4 NAME
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

5 NAME
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

6 NAME
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

7 NAME
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 NAME
1 STREET ADDRESS
14 CITY, ST, ZIP
2 NAME
2 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

3 NAME
3 STREET ADDRESS
34 CITY, ST, ZIP
4 NAME
4 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

5 NAME
5 STREET ADDRESS
54 CITY, ST, ZIP
6 NAME
6 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

7 NAME
7 STREET ADDRESS
74 CITY, ST, ZIP
8 NAME
8 STREET ADDRESS
84 CITY, ST, ZIP

☐ Change ☐ Addition

9 NAME
9 STREET ADDRESS
94 CITY, ST, ZIP
10 NAME
10 STREET ADDRESS
104 CITY, ST, ZIP

☐ Change ☐ Addition

11 NAME
11 STREET ADDRESS
114 CITY, ST, ZIP
12 NAME
12 STREET ADDRESS
124 CITY, ST, ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 305 6434455

CR2E034 (12/95)