

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L67856** (9)

1. Corporation Name

**RUFINO GARCIA, M.D., P.A.**



Principal Place of Business

**4926 N.W. 13TH AVE  
GAINESVILLE FL 32605  
US**

Mailing Address

**4926 N.W. 13TH AVE  
GAINESVILLE FL 32605  
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified

**04/23/1990**

3a. Date of Last Report

**03/28/1995**

4. FEI Number

**59-3014830**

☒ 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

10. Name and Address of New Registered Agent

**GARCIA, RUFINO, M.D.  
RT 12 BOX 227  
LAKE CITY FL 32055**

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 607.0502 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

(Print or type name of current registered agent and if not applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME  
**D**  
NAME  
**GARCIA, RUFINO**  
STREET ADDRESS  
**4926 N.W. 13TH AVENUE**  
CITY-STATE-ZIP  
**GAINESVILLE FL**

☐ DELETE

1 1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

☐ Change ☐ Addition

2 NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

2 1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

☐ Change ☐ Addition

3 NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

3 1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

☐ Change ☐ Addition

4 NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

4 1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

☐ Change ☐ Addition

5 NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

5 1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

☐ Change ☐ Addition

6 NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

6 1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RUFINO GARCIA**

**2/13/96**

**(352) 378-0046**

Date

Daytime Phone #

CR2E034 (12/95)