

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L70893** (7)

1. Corporation Name
ELSA M. GARCIA, M.D., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:18

Principal Place of Business: P.O. BOX 164405 MIAMI FL 33116-1405
Mailing Address: P.O. BOX 164405 MIAMI FL 33116-1405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/07/1990**
3a. Date of Last Report: **09/14/1994**

4. FEI Number: **65-0195746**
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 § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. **8080 W. Flagler**
22. Suite, Apt. #, etc: **suite 30D**
23. City & State: **Miami, Fla.**
24. Zip: **33144** 25. Country: **USA**
26. Mailing Address: 26. **4045 Sheridan Ave**
27. Suite, Apt. #, etc: **Ste 227**
28. City & State: **Miami Beach, FL**
29. Zip: **33140** 30. Country: **USA**

9. Name and Address of Current Registered Agent
**GARCIA, ELSA M DR.
5700 COLLINS AVE., APT. 16F
MIAMI BCH. FL 33140**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0607 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 607.0608, Florida Statutes.

SIGNATURE: *[Signature]* 3/2/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, ELSA M DR.
STREET ADDRESS	5700 COLLINS AVE. 16F
CITY, ST, ZIP	MIAMI BEACH FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sections 1101.07(3)(b), Florida Statutes. I further certify that the information included on this annual report and supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation whose records or financial statements are included in this report as required by Chapter 1007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment, or in an amendment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR