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Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L70893 (7)  
1. Corporation Name  
ELSA M. GARCIA, M.D., P.A.



Principal Place of Business  
444 BRICKELL AVE #701 MIAMI FL 33131 US  
Mailing Address  
P.O. BOX 490384 KEY BISCAIYNE FL 33149-0384 US

3. Date Incorporated or Qualified 05/07/1990  
3a. Date of Last Report 07/01/1996  
4. FEI Number 65-0195746  
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

2. Principal Place of Business  
21. Suite Apt. # etc. 22. City & State 23. Zip Country  
2a. Mailing Address  
26. 444 BRICKELL AVE  
27. Suite Apt. #, etc. 27. Suite # 701  
28. City & State 28. Miami, FL  
29. Zip Country 29. 33131 30. DADE

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 Garcia, Elsa M DR.  
82 Street Address (P.O. Box Number is Not Acceptable) 619 S.W. 25 RD  
83  
84 City Miami FL 85 Zip Code 33129

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: Garcia, M.D. 1/15/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS        | CITY-ST-ZIP          | DELETE                              |
|-------|--------------------|-----------------------|----------------------|-------------------------------------|
| P     | GARCIA, ELSA M DR. | 5700 COLLINS AVE. 16F | MIAMI BEACH FL 33140 | <input checked="" type="checkbox"/> |
|       |                    |                       |                      | <input type="checkbox"/>            |
|       |                    |                       |                      | <input type="checkbox"/>            |
|       |                    |                       |                      | <input type="checkbox"/>            |
|       |                    |                       |                      | <input type="checkbox"/>            |
|       |                    |                       |                      | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME               | STREET ADDRESS | CITY-ST-ZIP     | Change                              | Addition                 |
|-------|--------------------|----------------|-----------------|-------------------------------------|--------------------------|
| P     | Garcia, Elsa M DR. | 619 S.W. 25 RD | Miami, FL 33129 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       |                    |                |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                    |                |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                    |                |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                    |                |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                    |                |                 | <input type="checkbox"/>            | <input type="checkbox"/> |

14. I do 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 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: Garcia, M.D. 1/15/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)