

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90150 049 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L70893**

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



Principal Place of Business 2601 S.W. 37TH AVENUE SUITE 607 MIAMI FL 33133 US	Mailing Address 2601 S.W. 37TH AVENUE SUITE 607 MIAMI FL 33133 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4045 Sheridan Ave</b> Suite, Apt. #, etc. 22 <b>227</b> City & State 23 <b>Miami Beach, FLA</b> Zip 24 <b>33140</b>	2a. Mailing Address 26 <b>4045 Sheridan Ave</b> Suite, Apt. #, etc. 27 <b>227</b> City & State 28 <b>Miami Beach, FLA</b> Zip 29 <b>33140</b>
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3. Date Incorporated or Qualified <b>05/07/1990</b>	Applied For Not Applicable
4. FEI Number <b>65-0195746</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FERNANDEZ-GARCIA, ELSA M M.D.**  
 619 S.W. 25 RD.  
 MIAMI FL 33129

10. Name and Address of New Registered Agent  
 81 Name **ELSA GARCIA-FERNANDEZ, MD, PA**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**130 Shore Dr West**  
 83 **MIAMI FLA**  
 84 City **FL** 85 Zip Code **33133**

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 *[Signature]* DATE **2/2/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ-GARCIA, ELSA M M.D.</b>
STREET ADDRESS	<b>2601 SW 37TH AVE, SUITE 607</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4045 Sheridan Ave # 227</b>
1.4 CITY-ST-ZIP	<b>MIAMI BEACH, FLA 33133</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowers.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* DATE **2/2/99** (305) 371-1188  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1.1/98)