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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L93292 1. Corporation Name

GUILLERMO GARCIA M.D. P.A., INC.

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90052 047 \*\*\*150.00



	e of Business	•					
	TH AVENUE	5673 S.W. 137TH A					
MIAMI FL 3318	3-1101	MIAMI FL 33183-110	л .		DO NOT WRITE IN 1	THIS SPACE	
					3. Date Incorporated or Qualifed	THO ST AGE	
					•		
					08/15/1990		
2. Principal P	Place of Business	2a. Mailing Addres	is .		4. FEI Number	<u> </u>	oplied For
21		26			65-0211540	l N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.		5. Certifcate of Status Desired	•	Additional equired
22		City & State		<del> </del>	a Floring Compaign Financing	\$5.00	May Be
City & Stat	te	<u></u>			6. Election Campaign Financing  Trust Fund Contribution		to Fees
23		28	Cau	untry			
Zip	Country	Zip		untry	8. This corporation owes the current year	ar intangible ∐Yes	□No
24	25	29	30	т	Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Curr	ent Registered Agent		04  14:	10. Name and Address of New Registe	neu Agent	
0.15	NOTE OF THE COLOR	** **		81 Name			1
GARCIA, GUILLERMO, M.D.				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	S S.M. IST III ATLINGE	PA, P			The second secon	<u> </u>	w. 511 1115-115-11
MIAI	MI FL 33187			83			
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.11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida	Statutes, the a	bove-named corp	poration submits this statement for the purposion's board of directors. I hereby accept the a	se of changing it	s registered
agent. I a	registered agent, or both, in the Star am familiar with, and accept the obli	gations of, Section 607.05	605, Florida Stat	tutes.		ppolitinoit do /	-g
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	d Agent signature require	ed when reinstating) • • • • • • DAT	E	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
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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 empowered.

SIGNATURE:



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