

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-13-2000 90013 027 ***150.00

DOCUMENT # M11245

1. Entity Name
ONELIO GARCIA, JR., M.D., PROFESSIONAL ASSOCIATI

Principal Place of Business 7100 W.20TH AVE.,STE. 110 HIALEAH FL 33016	Mailing Address 7100 W.20TH AVE.,STE. 110 HIALEAH FL 33016-1813
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



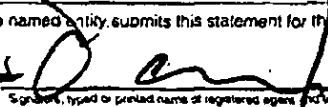
6. Name and Address of Current Registered Agent

SMITH, JOSE ENRIQUE
130 MINORCA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE **3/24/00**

Signature, typed or printed name of registered agent, include applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAR 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GARCIA, ONELIO, JR. 7100 W.20TH AVE.,#110 HIALEAH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

1000 RUCB002