


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M11245**  
 1. Entity Name  
**ONELIO GARCIA, JR., M.D., PROFESSIONAL ASSOCIATION**



Principal Place of Business      Mailing Address  
 7100 W.20TH AVE., STE. 110      7100 W.20TH AVE., STE. 110  
 HIALEAH, FL 33016      HIALEAH, FL 33016

**DO NOT WRITE IN THIS SPACE**



01052005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2508722**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

DATE: 02/09/05-80047-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GARCIA, ONELIO, JR. MD PROFESSIONAL ASSOCI
STREET ADDRESS	7100 W.20TH AVE., #110
CITY - ST - ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**       **Onelio Garcia Jr., M.D.**

DATE: **2-7-05**      DAYTIME PHONE #: **(305) 822-3221**