FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

M36617 DOCUMENT # 1. Corporation Name

(2)

LUIS R. GARCIA-MAYOL M.D. P.A.



| Principal Place of Business Mailing Address | | | | Commence of the second | | | I INDIANOLLEAN PEUR DESINO BESENI TINOF INDIA NINITI NENTI NINITI NINITI NINITI NINITI NINITI NINITI NIN | | | |
|---|--|--|--|---|---|--|--|----------------------|------------------------------|----------------------------------|
| 747 PONCE DE LEON BY STE 405 CORAL GABLES FL 33134 | | 747 PONCE DE | 747 PONCE DE LEON BV STE 405 CORAL GABLES FL 33134 | | | | | | | |
| COMME GABLE | EO FL 33134 | COMME CARRIE | 3 FL 33134 | | | 3. | Date Incorporated or Qualified 08/11/1986 | | e of Last 4/18/1 9 | |
| 2. Principal Pla | ace of Business | 2a. Mailing Addr | ess | | | 4. | FEI Number | | Ė | Applied For |
| 1 | | 26 | | | | | 59-2704570 | | 40.5 | Not Applicable |
| Suite, Apt. # | ₹, etc. | Suite, Apt. # | , etc. | | | 5. | Certificate of Status Desired | | | 75 Additional e Required |
| City & State | , | City & State | | | | 6. | Election Campaign Financing | | \$5. | 00 May Be |
| 3 | Court | 28 | T | | | | Trust Fund Contribution | L | | led to Fees |
| Zip I | Country 25 | Zip | 30 | untry | | ъ. | This corporation has liability for Florida Statutes Yes | intangible t ∐ No | ax under | s 199.032, |
| <u> </u> | 9. Name and Address of Curi | anner allerent a compare a | [30] | Τ | | 10. | Name and Address of New F | | Agent | |
| | | | | 81 | Name | | | | | |
| GARCIA- | MAYOL, LUIS R. M.D. | | 82 Street Ad | | Street Ado | ddress (P.O. Box Number is Not Acceptable) | | | | |
| | ICE DE LEON BLVD. | | | | | . 200 (| | | | |
| SUITE 40 | | | | 83 | | | | | | |
| CORAL | GABLES FL 33134 | | | 84 | City | | | FI | 85 | Zıp Code |
| I1 Pursuant t | a the provisions of Sections 607.05 | 502 on 1 607 1508. Flood | la Statutae, the obj | CNO.5 | parried cours | oration (| cultimite this statement for the nur | | agging de | e registered offi |
| | | | | | | | | | | |
| 12. | | AND DIRECTORS | (IZPL Regides | | 1 Syna" ie reqin | red witer in | enetating ADDITIONS/CHANGES TO OFF | | | |
| 2 . | OFFICERS / | entered agency and the second and the second agency agency and the second agency and the second agency agency agency and the second agency agency and the second agency agency agency agency agency agency agency and the second agency ag | 13. FTE 1.1 | TITUE. | 1 signat de reque | ned when in | | ICERS ANI | DIRECT | |
| 2. T _i E AME | OFFICERS / DP GARCIA-MAYOL, LUIS R. | AND DIRECTORS | 13. FTE 11 | TITLE NAME | | ned wiser in | | ICERS ANI | | |
| 2. Tee Ame Treet address | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS | 13. FIE 1.1 12.N 13.S | TITLE. NAME STHEE! | ACOPIESS | red witer in | | ICERS ANI | | |
| 2. ITLE AME TREET ADDRESS ITY-S1-ZIF | OFFICERS / DP GARCIA-MAYOL, LUIS R. | AND DIRECTORS | 13. FTE 1.1 12.M 13.S | TITLE NAME | ACOPIESS | red witer in | | ICERS ANI | | e 🗌 Addition |
| 2. IT E AME TREET ADDRESS ITY-S1-ZIF ITLE | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DE | 13. FIE 1.1 12.M 13.S 14.C ETE 2.1 | TITLE NAME STREE! CITY-S | ACOPIESS | red witer in | | ICERS ANI | Change | e 🗌 Addition |
| 2. The AME TREET ADDRESS ITY-ST-ZIF THE AME | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DE | 13. FIE 11 126 135 140 ETE 21 226 | TITLE NAME STREE! CITY-S TITLE | ACOPIESS | edwise s | | ICERS ANI | Change | e 🗌 Addition |
| Z. TILE AME TREET ADDRESS ITY-ST-ZIF TLE AME TREET ADDRESS | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEF | 13. FIE 11 126 139 140 ETE 21 226 238 | TITLE NAME STREE! CITY-S TITLE | I-ZIP II-ZIP SESPOCA | edwier K | | CERS ANI | □ Changi | e Addition |
| 2. The AME TREET ADDRESS ITY-SI-ZIP THE AME TREET ADDRESS ITY-ST-ZIP THE TREET ADDRESS ITY-ST-ZIP THE | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DE | ### 13. FTE 1 1 12.6 13. 14.0 ETE 2 1 22.6 23.5 24.0 ETE 3 1 | TITLE NAME STHEE: CITY-S TITLE NAME STREE! CITY-S TITLE | I-ZIP II-ZIP SESPOCA | ed where is | | CERS ANI | Change | e Addition |
| Z. TILE AME IREET ADDRESS ITY-SI-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP ILE AME AME | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEF | ### 13. FTE 1 1 12. 13. 14. ETE 2 1 22. 23. 24. ETE 3 1 32. ################################# | TITLE NAME STHEE: CITY-S TITLE NAME STHEET CITY-S TITLE NAME | ADDRESS 1-ZIP ADDRESS 1-ZIP | edwier s | | CERS ANI | □ Changi | e Addition |
| Z. T.E AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEF | ### 13. ################################### | TITLE NAME STREE! CITY-S TITLE NAME STREE! CITY-S TITLE NAME STREET | ADDRESS 1-ZIP 2-ZIP 2-ZIP 2-ZIP 1-ZIP | edwoer s | | CERS ANI | □ Changi | e Addition |
| 2. THE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEF | ### 13. #### 11. ##### 12. ################################### | TITLE NAME STHEE: CITY-S TITLE NAME STHEET CITY-S TITLE NAME | ADDRESS 1-ZIP 2-ZIP 2-ZIP 2-ZIP 3-ZIP 4-ZIP | ed work in | | ICERS ANI | □ Changi | e Addition |
| Z. The AME TREET ADDRESS ITY-ST-ZIP THE AME TREET ADDRESS ITY-ST-ZIP THE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP THE | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEL | ### 13. FTE 1.1 12. 13. 14. ETE 2.1 22. 23. 24. ETE 3.1 32. 34. ETE 4.1 | TITLE NAME STHEE! CITY-S TITLE NAME STHEE! CITY-S TITLE NAME STHEE! | ADDRESS 1-ZIP 2-ZIP 2-ZIP 2-ZIP 3-ZIP 4-ZIP | end wroter of | | ICERS ANI | ☐ Changi | e Addition |
| Z. T.E AME IREET ADDRESS ITY-SI-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEL | ### 13. FTE 1.1 12. 13. 14. ETE 2.1 22. 23. 24. ETE 3.1 32. 33. 34. ETE 4.1 42. | TITLE NAME STREE: STREE: NAME STREET DITY-S TITLE NAME STREET DITY-S TITLE | ADDRESS 1-ZIP 2-ZIP 2-ZIP 2-ZIP 3-ZIP 4-ZIP | ed work | | ICERS ANI | ☐ Changi | e Addition |
| Z. T.E WHE WHE WHE WHE WHE WHE WHE W | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEL | ### 13. FTE 11 12 | TITLE. NAME STREE! CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET | ADDRESS 1-ZIP 1-ZIP 1-ZIP 1-ZIP 1-ZIP 1-ZIP 1-ZIP 1-ZIP 1-ZIP | ed wiser in | | ICERS ANI | Change Change Change | e Addition e Addition e Addition |
| Z. T.E AME IREET ADDRESS ITY-SI-ZIF TLE AME IREET ADDRESS ITY-SI-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEL | ### 13. FTE | TITLE NAME STHEEF TITLE NAME STHEEF TITLE NAME STHEEF TITLE NAME STHEFT NAME STHEFT NAME STHEFT NAME STHEFT NAME STHEFT | ADDRESS 1-ZIP 1-ZIP 1-ZIP 1-ZIP 1-ZIP 1-ZIP 1-ZIP 1-ZIP 1-ZIP | ed where | | ICERS ANI | ☐ Changi | e Addition e Addition e Addition |
| Z. T.E AME IREET ADDRESS ITY-ST-ZIF TLE AME IREET ADDRESS ITY-ST-ZIP ILE AME AME AME AME AME AME AME | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEL | ### 13. FTE | TITLE. NAME STHEEF STHEEF STHEEF NAME STHEEF STHEEF NAME STHEF STHEF NAME STHEF STHEF NAME | ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 7- ZIP ADDRESS 7- ZIP | ed woer v | | ICERS ANI | Change Change Change | e Addition e Addition |
| 2. TITLE AME TREET ADDRESS ITY-SI-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS AME TREET ADDRESS TREET ADDRESS | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEL | ### 13. ### 11. ### 12. ### 12. ### 13. ### 14. ### 12. ### 12. ### 13. ### | TITLE. NAME STHEE! GITY-S TITLE NAME STHEET TITLE NAME STHEET NAME STHEET TITLE NAME STHEET NAME STHEET NAME STHEET | ADDRESS 1-ZIP | ed work | | ICERS ANI | Change Change Change | e Addition e Addition |
| Z. AME TREET ADDRESS ITY-SI-ZIP ITLE AME TREET ADDRESS ITY-SI-ZIP | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEL DEL DEL DEL | ### ################################## | TITLE NAME STREET TITLE NAME STREET CITY S STREET CITY S TITLE NAME STREET NAME STREET NAME STREET NAME STREET NAME STITLE NAME STREET CITY S STITLE | ADDRESS 1-ZIP | est year in | | ICERS ANI | Change Change Change | e Addition e Addition e Addition |
| IZ. IT.E IT.E | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEL | ### 13. FTE | TITLE NAME STHEE! STHEE! STHEE! STHEE TITLE NAME STHEE STHEE STHEE STHEE STHEE NAME STHEE NAME STHEE NAME STHEE STHEE STHEE NAME STHEE STHE STH | ADDRESS 1-ZIP | ed work | | ICERS ANI | Change Change Change | e Addition e Addition e Addition |
| EIGNATURE 12. 111.E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS / DP GARCIA-MAYOL, LUIS R. 747 PONCE DE LEON BLV | AND DIRECTORS DEL DEL DEL DEL | ### 13. ### 11. ### 12. ### 12. ### 13. ### 14. ### 12. ### 12. ### 12. ### 12. ### 12. ### 12. ### 13. ### | TITLE. TITLE. STHEET: CITY-S TITLE NAME STHEET CITY-S TITLE NAME STHEET TITLE | ADDRESS 1-ZIP | ed wiser in | | ICERS ANI | Change Change Change | e Addition e Addition e Addition |

octify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the sane 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:

SIGNATURE AND TYPED OR PROJED NAME OF SIGNING OFFICER OR DIRECTOR