

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90167 005 \*\*\*150.00



**DOCUMENT # M36617**

1. Entity Name

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

Principal Place of Business

747 PONCE DE LEON BV STE 405  
 CORAL GABLES FL 33134

Mailing Address

747 PONCE DE LEON BV STE 405  
 CORAL GABLES FL 33134

2. Principal Place of Business

747 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 605

City & State

CORAL GABLES FL

Zip

33134

Country

USA

3. Mailing Address

747 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 605

City & State

CORAL GABLES FL

Zip

33134

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2704570

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-MAYOL, LUIS R. M.D.  
 747 PONCE DE LEON BLVD.  
 SUITE 405  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

GARCIA-MAYOL, LUIS R. M.D.

Street Address (P.O. Box Number is Not Acceptable)

747 PONCE DE LEON BLVD.

SUITE 605

City

CORAL GABLES FL

FL

Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  Delete  
 NAME GARCIA-MAYOL, LUIS R.  
 STREET ADDRESS 747 PONCE DE LEON BLVD SUITE 405  
 CITY-ST-ZIP CORAL GABLES FL

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  Change  Addition  
 NAME GARCIA-MAYOL, LUIS R.  
 STREET ADDRESS 747 PONCE DE LEON BLVD., SUITE 605  
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Secretary Phone #

4/11/05  
 (305) 469-3736