


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 08:00 AM
Secretary of State

DOCUMENT # M36617 1. Entity Name LUIS R. GARCIA-MAYOL M.D. P.A.	
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Principal Place of Business 747 PONCE DE LEON BVVD SUITE 605 CORAL GABLES FL 33134	Mailing Address 747 PONCE DE LEON BVVD SUITE 605 CORAL GABLES FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2704570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 605 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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA-MAYOL, LUIS R.	NAME	U00000641784
STREET ADDRESS	747 PONCE DE LEON BLVD, SUITE 605	STREET ADDRESS	03/01/07-80014-014 150.00
CITY- ST- ZIP	CORAL GABLES FL 33134	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Luis Garcia-Mayol, M.D. 2/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #