

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90343 018 ***150.00

0059842 AV

DOCUMENT # M55680

1. Entity Name

ROSA M. GARCIA M.D. P.A.



Principal Place of Business

7265 SW 93 AVENUE
SUITE 202
MIAMI FL 33173

Mailing Address

10300 SUNSET DR #430
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2830199

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ROSA M.
7265 SW 93RD AVENUE
SUITE 202
MIAMI FL 33173

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. 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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 NAME
STREET ADDRESS
CITY-ST-ZIP
PST
GARCIA, ROSA M.
7265 SW 93RD AVENUE, #202
MIAMI FL 33173 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARCIA, ROSA M.
7265 SW 93RD AVENUE, SUITE 202
MIAMI FL 33173 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

Rosa M. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03 305-274-1054
Date Daytime Phone #

CR2E034 (4/03)

Attachment

90142483
M55680

Rosa M. Garcia M.D. P.A.

**Sunset Medical Plaza
7265 SW 93RD., Avenue
Suite 202
Miami, FL 33173**

July 11, 2003

Division of Corporations
Uniform Business Report Fillings
P. O. Box 1500
Tallahassee, FL 32302-1500

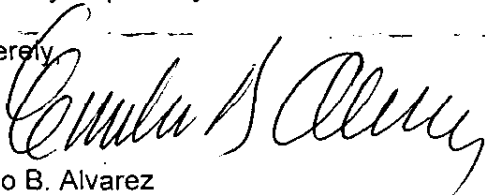
Re: Uniform Business Report 2003
Rosa M. Garcia M.D. P.A.

We just received this report over the mail, On July 7, 2003, in which shown due date September 10, 2003 in the fee is \$550.00.

We never received the first one for \$150.00 apparently because the form was lost in the mail or never delivered. If you can trace our records, you will see that we never missed the payment when it is due.

We kindly request by the State to waive the penalty and accept our check for \$150.00.

Sincerely,



Emilio B. Alvarez
Accountant