

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M59600

**FILED
Jul 13, 2004
Secretary of State**

Entity Name: RAMON M. GARCIA-SEPTIEN M.D., P.A.

Current Principal Place of Business:

1435 W 49TH PLACE
SUITE 504
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4994
HIALEAH, FL 33014 US

New Mailing Address:

FEI Number: 59-2845903 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GARCIA, RAMON M
10185 COLLINS AVE.
#803
BAL HARBOUR, FL 33154

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, RAMON M.,
Address: 10185 COLLINS AVE #803
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: GARCIA, RAMON M.,
Address: 10185 COLLINS AVE #803
City-St-Zip: BAL HARBOUR, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON M GARCIA

DR

07/13/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date