2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State
06-07-2001 90004 006 ***550.00

0400412

DOCUMENT # P00000065974

1. Entity Name
SILVIA F. GARCIA, M.D., P.A.

Principal Place of Business	Mailing Address
23660 WALDON CENTER DRIVE #205 BONITA SPRINGS FL 34134	23660 WALDON CENTER DRIVE #205 BONITA SPRINGS FL 34134

NEW ADDRESS

114440

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
40 S. Heathwood Dr.	40 S. Heathwood Dr.
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State: Marco Island, FL	City & State: Marco Island, FL
Zip: 34145 / Country: USA	Zip: 34145 / Country: USA

4. FEI Number: 651038216 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, SILVIA F M.D.
23660 WALDON CENTER DRIVE #205
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name: GARCIA, SILVIA F MD PA
Street Address (P.O. Box Number is Not Acceptable): 40 S. Heathwood Dr
City: Marco Island **FL** Zip Code: 34145

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.

SIGNATURE: Silvia F Garcia MD (SILVIA F. GARCIA MD) 5/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, SILVIA F M.D. 23660 WALDON CENTER DRIVE #205 BONITA SPRINGS FL 34134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 40 S. Heathwood Dr. Marco Island, FL 34145 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Silvia F Garcia MD Silvia F. Garcia MD 5/21/01 941-405-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #