


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000082884  
 1. Entity Name  
 MANUEL GARCIA-FRANGIE, MD, PA



Principal Place of Business      Mailing Address  
 1321 NW 14 STREET      4511 NW 96 PLACE  
 #400      MIAMI, FL 33178  
 MIAMI, FL 33125 US

**DO NOT WRITE IN THIS SPACE**



02032005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1036300      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GARCIA-FRANGIE, MANUEL MD  
 4511 NW 96 PLACE  
 MIAMI, FL 33178

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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, 2005 Fee will be \$550.00**

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	MD GARCIA-FRANGIE, MANUEL MD. PA 4511 NW 96 PLACE MIAMI, FL 33178
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U00000329122  
 04/25/05-80103-025 150.00

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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

3/1/05      (305) 323-3343  
Date      Daytime Phone #