

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000082884

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** MANUEL GARCIA-FRANGIE, MD, PA

**Current Principal Place of Business:**

1321 NW 14 STREET  
#400  
MIAMI, FL 33125 US

**New Principal Place of Business:**

**Current Mailing Address:**

4511 NW 96 PLACE  
MIAMI, FL 33178 US

**New Mailing Address:**

**FEI Number:** 65-1036300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA-FRANGIE, MANUEL MD  
4511 NW 96 PLACE  
MIAMI, FL 33178 US

**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

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: GARCIA-FRANGIE, MANUEL MD. PA  
Address: 4511 NW 96 PLACE  
City-St-Zip: MIAMI, FL 33178 US

I hereby 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 all other like empowered.

SIGNATURE: MANUEL GARCIA-FRANGIE,MD

PRES

06/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date