


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2003 8:00 am**  
**Secretary of State**

09-17-2003 90019 022 \*\*\*150.00

DOCUMENT # P00000082884  
1. Entity Name  
MANUEL GARCIA - FRANGIE, MD. PA.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1321 NW 14 street</u>		3. Mailing Address <u>4511 NW 96 PLACE</u>	
Suite, Apt. #, etc. <u>Suite 303</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33125</u>	Country <u>USA</u>	Zip <u>33178</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1036300</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <u>FL</u> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE	<u>D</u>	TITLE	
NAME	<u>MANUEL GARCIA-FRANGIE, MD. PA</u>	NAME	
STREET ADDRESS	<u>4511 NW 96 PLACE</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI FL 33178</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other lines empowered.

SIGNATURE: MANUEL GARCIA-FRANGIE 9/15/03 305-548-4005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

Attachment

80148729

700000082884

**Manuel Garcia-Frangie, M.D., P.A.**

Board Certified in Family Medicine

To: Florida Department of State

Division of Corporations

Re: 2003 Uniform Business Report

This letter is to inform you that I did not received the U.B.R. for 2003 and after a telephone conversation with Ruby, one of representative, I am following her instructions and mailing all information and payment today.

If you have any question feel free to contact me.

Sincerely yours,

Manuel Garcia-Frangie, M.D.

9/15/03

