

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

DOCUMENT # P01000045337

1. Entity Name

MIGUEL ANGEL GARCIA BLANCO MD INC.



Principal Place of Business

1885 SW 150 AVENUE
MIRAMAR FL 33027

Mailing Address

1885 SW 150 AVENUE
MIRAMAR FL 33027

2. Principal Place of Business

1051 W 29 ST
Suite, Apt. #, etc.
#3

3. Mailing Address

4304 SW 195 W. J
Suite, Apt. #, etc.

City & State

Miramar FL

City & State

MIRAMAR FL

Zip

FL 33012 MIAMI Dade

Country

Zip

33029

Country

BROWARD

4. FEI Number

65-1102809

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA BLANCO, MIGUEL ANGEL
1885 SW 150 AVENUE
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME GARCIA BLANCO, MIGUEL ANGEL
STREET ADDRESS 1885 SW 150 AVENUE
CITY-ST-ZIP MIRAMAR FL 33027

TITLE ☐ Delete
NAME GARCIA BLANCO MIGUEL ANGEL
STREET ADDRESS 4504 SW 195 W. J
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/30/05

Date

305-8889585
03/30/05

Daytime Phone #