

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P01000045337

1. Entity Name

MIGUEL ANGEL GARCIA BLANCO MD INC.



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

04-20-2005 90799 001 ***150.00

04-20-2005 90799 002 *****8.75



1st MOORE CR2E034 (10/04)

Principal Place of Business 1885 SW 150 AVENUE MIRAMAR FL 33027	Mailing Address 1885 SW 150 AVENUE MIRAMAR FL 33027
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2. Principal Place of Business 1051 W 29 ST Suite, Apt. #, etc. #3	3. Mailing Address 4304 SW 195 Way Suite, Apt. #, etc.
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City & State Hialeah FL Zip FL 33012	City & State MIRAMAR FL Country BROWARD.
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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
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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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GARCIA BLANCO, MIGUEL ANGEL 1885 SW 150 AVENUE MIRAMAR FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARCIA BLANCO MIGUEL ANGEL 4304 SW 195 Way MIRAMAR FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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

305-8889585
3/30/05
03/30/05
Date
Daytime Phone #