

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102988

FILED
Apr 25, 2008
Secretary of State

Entity Name: ROBERTO ELOY GARCIA, P.A.

Current Principal Place of Business:

1670 RED CYPRESS DRIVE
JACKSONVILLE, FL 32223

New Principal Place of Business:

700 3RD STREET
SUITE 102
NEPTUNE BEACH, FL 32266

Current Mailing Address:

1670 RED CYPRESS DRIVE
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 20-2399090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ROBERTO
1670 RED CYPRESS DRIVE
JACKSONVILLE,, FL 32223 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GARCIA, ROBERTO ELOY
Address: 1670 RED CYPRESS DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP () Delete
Name: GARCIA, VIVIAN
Address: 1670 RED CYPRESS DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERTO ELOY GARCIA, MD

PRES

04/25/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date