

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 31, 2005 8:00 am
Secretary of State

04-25-2005 90264 009 ***150.00

DOCUMENT # P04000138557	
1. Entity Name GERARDO L. GARCIA, M.D., P.A.	

Principal Place of Business 6006 49TH AVE NORTH STE 200 ST PETERSBURG, FL 33709	Mailing Address 6006 49TH AVE NORTH STE 200 ST PETERSBURG, FL 33709
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66019903



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04052005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1826384	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, GERARDO L M.D. 6006 49TH AVENUE NORTH, STE 200 ST PETERSBURG, FL 33709	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.

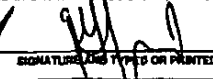
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	D GARCIA, GERARDO L M.D. 6006 49TH AVE NORTH STE 200 ST PETERSBURG, FL 33709 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:  Gerardo L. Garcia **4/15/05** **1727-490-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #