

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000013131

1. Entity Name
GARCIA FACIAL PLASTIC SURGERY INSTITUTE, INC.



Principal Place of Business
**700 3RD ST. SUITE #102
NEPTUNE BEACH, FL 32266**

Mailing Address
**700 3RD ST. SUITE #102
NEPTUNE BEACH, FL 32266**



07172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3748055

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, JOHN F
13872 MANDARIN DRIVE
JACKSONVILLE, FL 32223**

**DO NOT WRITE
IN THIS SPACE**

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.

**U000000572673
07/28/06-80006-024 150.00**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GARCIA, JOHN F
13872 MANDARIN DRIVE
JACKSONVILLE, FL 32223**

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

John F. Garcia 07/20/06 904-781-6203

Date

Daytime Phone #