

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000085126 (9)

1. Corporation Name

A M GARCIA, MD PA



Principal Place of Business

9960 CENTRAL PARK BLVD. SOUTH
STE. 404
BOCA RATON FL 33428

Mailing Address

9960 CENTRAL PARK BLVD. SOUTH
STE. 404
BOCA RATON FL 33428

2. Principal Place of Business

21 9970 Central Park Blvd. S.

Suite, Apt. #, etc.

22 301

City & State

23 BOCA RATON, FL

Zip

24 33428

Country

25 USA

2a. Mailing Address

26 9970 Central Park Blvd. S.

Suite, Apt. #, etc.

27 301

City & State

28 BOCA RATON, FL

Zip

29 33428

Country

30 USA

3. Date Incorporated or Qualified

12/09/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0443709

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

GARCIA, A.M. M.D.
9960 CENTRAL PARK BLVD. SOUTH
STE. 404
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to sign this statement

(Print Registered Agent's name and address, if different)

Date

4/26/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME GARCIA, A.M.
STREET ADDRESS 4201 N. OCEAN BLVD. BLDG. C STE. 1704
CITY-ST-ZIP BOCA RATON FL 33487

☐ DELETE

TITLE

NAME

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature of person or persons authorized to sign this statement

4/26/96

407-477-8740

Date

Daytime Phone

CR2E034 (12/95)