

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000086473 (4)**

1. Corporation Name  
**CARLOS M. GARCIA, M.D., P.A.**



Principal Place of Business Mailing Address  
**11350 66TH ST NO STE 109 LARGO FL 34643 US**  
**C/O E LEBRON FREE, P.A. 2725 PARK DRIVE, STE. 3 CLEARWATER FL 34623-1023 US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **12/17/1993** 3a. Date of Last Report **04/11/1995**  
4. FEI Number **59-3260856** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No  
10. Name and Address of New Registered Agent

**g. Name and Address of Current Registered Agent**

**FREE, E. LEBRON 2725 PARK DR. SUITE 3 CLEARWATER FL 34623**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME **PSTD GARCIA, CARLOS M**  
STREET ADDRESS **11350 66TH ST NO STE 109**  
CITY-ST-ZIP **LARGO FL**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
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TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1 00001 757283  
03/26/96 01080-028  
\*\*\*289.00

14. I do hereby certify that the information supplied with this filing is verifiably 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: *Carlos Garcia* Carlos M. Garcia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 1996 (813) 546-7813  
SC 325-96

CR2E034 (12/95)