

# P93000086473

Carlos M. Garcia

Requestor's Name

36555 U.S. Hwy 19 North

Address

Palm Harbor, FL 34684

City/State/Zip

Phone #

700002629207--1

-08/31/98--01136--018

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

93 SEP 28 AM 9:50  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*QA Chg.*

VS SEP 30 1998

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 9, 1998

CARLOS M. GARCIA  
36555 U.S. HWY. 19 NORTH  
PALM HARBOR, FL 34684

SUBJECT: CARLOS M. GARCIA, M.D., P.A.  
Ref. Number: P93000086473

We have received your document for CARLOS M. GARCIA, M.D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Which corporation? The document number and the corporate name on your document does not correspond (see print outs attached). Also you will need to correct the date of incorporation for the correct corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 298A00045840

RECEIVED  
93 SEP 23 AM 8:50  
DIVISION OF CORPORATIONS

**Florida Department of State, Sandra B. Mortham, Secretary of State**

**STATEMENT OF CHANGE IN REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office and registered agent.

1a. The name of the corporation is: **Carlos M. Garcia, M.D., P.A.**

1b. Date of Incorporation **December 17, 1993** Document number **P93000086473**

2. The name and address of the current registered agent and office:

**E. Lebron Free  
2725 Park Drive  
Suite 3  
Clearwater, FL 33763-1023**

3. The name and address of the new registered agent and office:

**Carlos M. Garcia, M.D.  
36555 U.S. Hwy 19 North  
Clearwater, FL 34684**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an office so authorized by the board.

*Carlos M. Garcia, M.D., President*  
Signature

Carlos M. Garcia, M.D., President  
Printed Name and Title

9-24-98  
Date

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE AND DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE *Carlos M. Garcia, M.D., P.A.*  
(Registered Agent)

DATE 9-24-98