

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 10: 14

DOCUMENT # **P94000035701 (9)**

1. Corporation Name

DR. LILIAN C. GARCIA, M.D., P.A.

Principal Place of Business

Mailing Address

2121 SW 142ND AVENUE
MIAMI FL 33175

2121 SW 142ND AVENUE
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/11/1994

2. Principal Place of Business

2a. Mailing Address

21 4999 West 8th Ave Suite 7

26 4999 West 8th Ave Suite 7

4. FEI Number
65-0488659

Applied For
Not Applicable

22 Hialeah . FL

27 Hialeah . FL

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

23 33012

28 33012

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country
25 U.S.A.

29 Zip Country
30 U.S.A.

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, LILIAN C MD
2121 SW 142ND AVENUE
MIAMI FL 33175

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

Lilian C. Garcia President

01-31-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GARCIA, LILIAN C MD
STREET ADDRESS 2121 SW 142ND AVENUE
CITY ST ZIP MIAMI FL 33175

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME Garcia Lilian C MD
13 STREET ADDRESS 4999 West 8th Ave Suite 7.
14 CITY - ST - ZIP Hialeah . FL 33012

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I file hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: Lilian C. Garcia M.D.

01-31-95 (305) 821-4464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)