

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000063189

Entity Name: PETE GARCIA M.D. P.A.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2700 SW 3RD AVENUE  
SUITE 1-B  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

2700 SW 3RD AVENUE  
SUITE 1-B  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 65-0515238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, PEDRO  
7720 SW 89 AVENUE  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: GARCIA, PEDRO  
Address: 7720 SW 89 AVE  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO GARCIA

P

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date