


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000003617					
1. Entity Name RICARDO GARCIA, D.M.D., P.A.					
Principal Place of Business 6661 LAKE BLUE DRIVE MIAMI LAKES, FL 33014			Mailing Address 6661 LAKE BLUE DRIVE MIAMI LAKES, FL 33014		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARCIA, SANDRA E 6661 LAKE BLUE DRIVE MIAMI LAKES, FL 33014				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, RICARDO		NAME		
STREET ADDRESS	6661 LAKE BLUE DR.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI LAKES, FL 33014		CITY - ST - ZIP		
TITLE	VT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, SANDRA ELENA		NAME		
STREET ADDRESS	6661 LAKE BLUE DR.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI LAKES, FL 33014		CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Ricardo Garcia</i></u> RICARDO GARCIA <u>1-29-05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #					