

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000022285

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** VICTOR MANUEL GARCIA, DMD, P.A.

**Current Principal Place of Business:**

6451 SW 47 ST.  
MIAMI, FL 33155 US

**New Principal Place of Business:**

8390 W FLAGLER ST SUITE #210  
MIAMI, FL 33144 US

**Current Mailing Address:**

6451 SW 47 ST.  
MIAMI, FL 33155 US

**New Mailing Address:**

8390 W FLAGLER ST SUITE #210  
MIAMI, FL 33144 US

**FEI Number:** 65-0669058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GARCIA, VICTOR M DMD  
6451 SW 47 ST.  
MIAMI, FL 33155 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GARCIA, VICTOR M DMD  
Address: 6451 SW 47 ST.  
City-St-Zip: MIAMI, FL 33155 US

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:** VICTOR MANUEL GARCIA DMD

P

04/30/2010

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

\_\_\_\_\_  
Date