

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000022285

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

8390 W FLAGLER STREET  
SUITE 210  
MIAMI, FL 33144 US

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 441684  
MIAMI, FL 33144 US

**FEI Number:** 65-0669058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

GARCIA, VICTOR M DMD  
8390 W FLAGLER STREET  
SUITE 210  
MIAMI, FL 33144 US

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: VICTO M. GARCIA

03/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GARCIA, VICTOR M DMD  
Address: 8390 W FLAGLER STREET (SUITE 210).  
City-St-Zip: MIAMI, FL 33144 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 M GARCIA

PRES

03/13/2012

Electronic Signature of Signing Officer or Director

Date