


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000096281  
 1. Entity Name  
 FAUSTINO G. GARCIA, D.M.D., P.A.



Principal Place of Business 555 BILTMORE WAY UNIT 102 CORAL GABLES, FL 33134	Mailing Address 555 BILTMORE WAY UNIT 102 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0792618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GARCIA, FAUSTINO G  
 555 BILTMORE WAY  
 UNIT 102  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, FAUSTINO G 555 BILTMORE WAT STE 102 CORAL GABLES, FL 33134
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U00000285691  
 04/02/05-80053-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Garcia **3-30-05** **305-444-4300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #