


FILED
Aug 02, 2004 8:00 am
Secretary of State

07-19-2004 90017 010 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|---|--|--|---|
| DOCUMENT # P98000082237 | |  | |
| 1. Entity Name ERIC GARCIA, M.D., P.A. | | | |
| Principal Place of Business 5420 WEBB RD STE B-2 TAMPA, FL 33615 | | Mailing Address 5420 WEBB RD STE B-2 TAMPA, FL 33615 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-3534445 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GARCIA, ERIC M.D. 5420 WEBB RD STE B-2 TAMPA, FL 33615 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 <u><i>Eric Garcia M.D.</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD GARCIA, ERIC M.D. 5420 WEBB RD STE B-2 TAMPA, FL 33615 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <u><i>Eric Garcia M.D.</i></u> | | Date <u>7/26/04</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

Jun. 22. 2004 12:19PM ACCOUNTING MANAGEMENT SERVICES

No. 5436 P. 2

Attn: Eric Garcia

Eric Garcia, MD.
5420 Webb Road Suite B-2
Tampa, FL 33615

66431187

P98000082237

CERTIFIED LETTER WITH RETURN RECEIPT

June 22, 2004

Florida Department of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: P98000082237
2004 UBR

Dear Gentlemen:

As per our telephone conversation today with your Department of Corporation, enclosed please find our check in the amount of \$150 00.

Please be advised that we never received the prior notice of our corporate renewals for that reason, we hereby request from you to waive the late fees

Your prompt processing of our corporate renewal will be greatly appreciated

Truly yours,

Eric Garcia

Eric Garcia
President

CHT # 70001530 00007259 4690