02-23-2007 90024 042 ***150.00
P98000082237

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 FEB 28 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02202007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000082237

1. Entity Name
ERIC GARCIA, M.D., P.A.

Principal Place of Business	Mailing Address
5420 WEBB RD STE B-2 TAMPA, FL 33615	5420 WEBB RD STE B-2 TAMPA, FL 33615

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5929 WEBB ROAD	5929 WEBB ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL.	City & State: TAMPA FL. 33615
Zip: 33615 / Country: U.S.	Zip: 33615 / Country: U.S.

4. FEI Number: 59-3534445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ERIC M.D.
5420 WEBB RD STE B-2
TAMPA, FL 33615

7. Name and Address of New Registered Agent

Name: GARCIA, ERIC M.D.
Street Address (P.O. Box Number is Not Acceptable): 5929 WEBB RD
City: TAMPA FL Zip Code: 33615

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Delete	☒ Change ☐ Addition 5929 WEBB ROAD TAMPA FL. 33615
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GARCIA, MAIRA 5420 WEBB RD, STE B-2 TAMPA, FL 33615	☐ Delete	☒ Change ☐ Addition 5929 WEBB ROAD TAMPA FL. 33615
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2/28	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 2/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #