

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000100836

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** EDUARDO GARCIA-MONTES, M.D., P.A.

**Current Principal Place of Business:**

3661 SOUTH MIAMI AVENUE  
SUITE 405  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

132 MINORCA AVENUE  
JOSE SMITH  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0872601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE COMPANY OF MIAMI  
250 AUSTRALIAN AVENUE  
SUITE 500 (JAF)  
WEST PALM BEACH, FL 33401 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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** GARCIA-MONTES, EDUARDO MD  
**Address:** 3661 S MIAMI AVE STE 405  
**City-St-Zip:** MIAMI, FL 33133

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:** EDUARDO GARCIA-MONTES

PRES

02/15/2011

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

\_\_\_\_\_  
Date