

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000433

FILED  
Feb 14, 2009  
Secretary of State

Entity Name: ILEANA GARCIA M.D. P.A.

**Current Principal Place of Business:**

3228 NW 7TH STREET  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

3228 NW 7TH STREET  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 65-0884147      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GARCIA, ILEANA  
8457 NW 189 ST. RD.  
MIAMI, FL 33015      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST      ( ) Delete  
Name: GARCIA, ILEANA  
Address: 8457 NW 189 ST. RD.  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ILEANA GARCIA MD

MD

02/14/2009

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

\_\_\_\_\_ Date