

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 08:00 AM
Secretary of State

DOCUMENT # S72158	
1. Entity Name J. M. GARMENDIA, M.D., P.A.	

Principal Place of Business 2636 OAK ST JACKSONVILLE, FL 32204 US	Mailing Address P.O BOX 61058 JACKSONVILLE, FL 32236-1058 US
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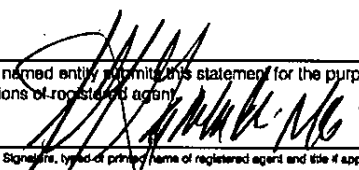
07072008 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-3078487	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARMENDIA, J.M. 2636 OAK ST JACKSONVILLE, FL 32204
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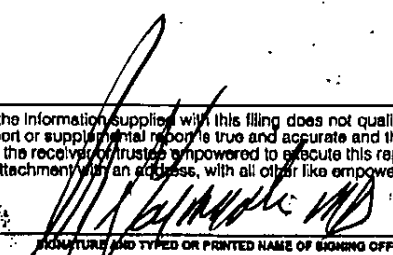
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE July 7, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)	

FINANCIAL FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARMENDIA, J.M. 2636 OAK ST JACKSONVILLE, FL 32204
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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: 	DATE July 7, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	