2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 02, 2005 08:00 AM **DOCUMENT # S87102 Secretary of State** 1. Entity Name JUAN C. GARCIA, M.D., P.A. Principal Place of Business Mailing Address 2925 AVENTURA BLVD 3850 S.W. 130 AVE. SUITE 300 MIAML FL 33175 N. MIAMI BCH., FL 33180 CR2E034 (10/03) 02192005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0315455 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. DO NOT WRITE 5200 BLUE LAGOON DRIVE SUITE 700 IN THIS SPACE MIAMI, FL 33126 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. Senature, wheel or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ŊΡ TITLE GARCIA, JUAN C STREET ADDRESS 3850 S.W. 130 AVENUE CITY-ST-ZIP MIAMI, FL 33175 th/00001249296 173/02/05-80064-020 150.00 TITLE NAME STREET ADDRESS CTY-ST-789 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CTTY-ST-ZIP

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 cirector 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: .

TITLE NAME STREET ADDRESS CEY-SI-7P

> SIGNATURE AND TYPED OR PRINTED GNING OFFICER OR DIRECTOR