

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000063945

**Entity Name:** JOSE LUIS GARCIA M.D., P.A.

**Current Principal Place of Business:**

2291 SW 17 ST  
MIAMI, FL 33145

**Current Mailing Address:**

8330 SW 5TH ST  
MIAMI, FL 33144

**FEI Number: 27-3269074**

**Certificate of Status Desired: Yes**

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

MARTINEZ, ELIZABETH T, S  
8330 SW 5TH ST  
MIAMI, FL 33144 US

*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

**Officer/Director Detail :**

Title P, D  
Name GARCIA, JOSE L  
Address 2291 SW 17 STREET  
City-State-Zip: MIAMI FL 33145

Title T, S  
Name MARTINEZ, ELIZABETH  
Address 2291 SW 17 STREET  
City-State-Zip: MIAMI FL 33145

*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: JOSE LUIS GARCIA**

**PRESIDENT**

**02/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date