

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000010104

**Entity Name:** MANUEL G. GARCIA M.D. P.A.

**Current Principal Place of Business:**

306 NE 19TH DR  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

306 NE 19TH DR  
OKEECHOBEE, FL 34972

**FEI Number:** 46-1977113

**Certificate of Status Desired:** No

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

GARCIA, MANUEL G  
306 NE 19TH DR  
OKEECHOBEE, FL 34972 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  
Name GARCIA, MANUEL G  
Address 306 NE 19TH DR  
City-State-Zip: OKEECHOBEE FL 34972

*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:** MANUEL GARCIA MD

**PRESIDENT**

**04/10/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date