

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wanda B. Mathier
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:25

DOCUMENT # 628023

(4)

1. Complete Name

CARLOS J. GONZALEZ, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Main Office Address

2315 US HWY 27 N
AVON PARK FL 33825

P.O. BOX 670
AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1979

3a. Date of Last Report

10/17/1994

4. FEI Number

59-1914127

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financial Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under Florida Statutes

Yes No

2. Principal Place of Business

21

2a. Main Office Address

26

State Applicable

State Applicable

22

City & State

City & State

23

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, CARLOS J., M.D.
2315 US HWY 27 N.
AVON PARK FL 33825

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. I, the undersigned, in the presence of the persons named in Sections 607.02(1) and 607.17(4)(b), Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I have been authorized by the corporation's board of directors to hereby accept the appointment as registered agent. I am familiar with and accept the obligations of having been named in Florida Statutes.

SIGNATURE

Name of person signing in the State of Florida (Print Name)

Name of person signing in the State of Florida (Print Name)

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

14. NAME

P
GONZALEZ, CARLOS J.

~~1000 N. AVON BLVD.~~ 2315 US Hwy 27N
AVON PARK FL

15. NAME

Change Addition

16. NAME

17. NAME

Change Addition

18. STREET ADDRESS

19. STREET ADDRESS

20. CITY

21. CITY

Change Addition

22. NAME

23. NAME

Change Addition

24. STREET ADDRESS

25. STREET ADDRESS

26. CITY

27. CITY

Change Addition

28. NAME

29. NAME

Change Addition

30. STREET ADDRESS

31. STREET ADDRESS

32. CITY

33. CITY

Change Addition

34. NAME

35. NAME

Change Addition

36. STREET ADDRESS

37. STREET ADDRESS

38. CITY

39. CITY

Change Addition

40. NAME

41. NAME

Change Addition

42. STREET ADDRESS

43. STREET ADDRESS

44. CITY

45. CITY

Change Addition

46. NAME

47. NAME

Change Addition

48. STREET ADDRESS

49. STREET ADDRESS

50. CITY

51. CITY

Change Addition

52. NAME

53. NAME

Change Addition

54. STREET ADDRESS

55. STREET ADDRESS

56. CITY

57. CITY

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is as true and correct as the information stated in Sections 607.02(1) and 607.17(4)(b), Florida Statutes. I affirm and certify that the information is stated in this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am available to bring for of this corporation or the receiver or trustee empowered to examine this report as required by Chapter 607, Florida Statutes, and that my name appears in the book of the record of change or on the statement with an address.

SIGNATURE: *Elizabeth Grogan* Office Manager

4/26/95 (813) 462-2258

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR