


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90006 041 ***150.00

DOCUMENT # F05492 1. Entity Name EDUARDO G. GOMEZ, M.D., P.A.	
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Principal Place of Business 311 N. COCONUT LANE MIAMI BEACH, FL 33139	Mailing Address 311 N. COCONUT LANE MIAMI BEACH, FL 33139
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54065710



07142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2036884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, AMALIA
311 N COCONUT LN
MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution... **\$5.00** May Be Added to Fees..

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOMEZ, EDUARDO G 311 N COCONUT LN MIAMI BEACH, FL
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DO NOT WRITE IN THIS SPACE

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 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:  **7-26-04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54065710
F05492

EDUARDO G. GOMEZ, M.D., P.A.
311 N. COCONUT LANE
MIAMI BEACH, FL 33139

July 15, 2004

Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

RE: EDUARDO G. GOMEZ, M.D., P.A.
DOCUMENT NUMBER: F 05492

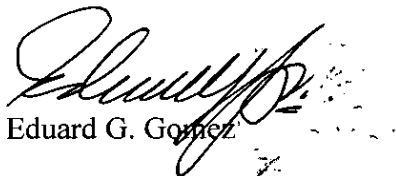
Dear Sir or Madam:

Enclosed please find our completed 2004 For Profit Corporation Annual Report form and our check in the amount of \$150.00.

We respectfully request that you accept our annual report along with our check for \$150.00 and waive our fees because we never received the annual report for us to file. We were totally surprised to receive the Notice of Intent to Dissolve and were not aware of the new form.

Thank you for your consideration and assistance in this matter.

Sincerely,



Eduard G. Gomez

Enclosure as noted