## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05492

Entity Name: EDUARDO G. GOMEZ, M.D., P.A.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 312	0TH AVENU 2 FL 33016	JE			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	OCONUT LA ACH, FL 33				
FEI Number	: 59-2036884	FEI Number Applied For (	) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			nt: Name and Address	Name and Address of New Registered Agent:	
	AMALIA CONUT LN ACH, FL 33	139 US			
	e named ent e of Florida.	ty submits this statement for	the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Elect	ronic Signature of Registere	d Agent	Date	
Election Ca	mpaign Finan	cing Trust Fund Contribution ( )			
OFFICER	S AND DIR	ECTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	PTD GOMEZ G.	( ) Delete EDUARDO,	Title: Name:	( ) Change ( ) Addition	

 Name:
 GOMEZ G. EDUARDO,
 Name:

 Address:
 7100 W. 20TH AVENUE, SUITE 312
 Address:

 City-St-Zip:
 HIALEAH, FL 33016
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDUARDO G GOMEZ MD MDPA 03/23/2009