

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05492

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1490 W. 49TH PL.,  
SUITE 460-480  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

311 N. COCONUT LANE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 59-2036884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: GOMEZ G. EDUARDO MD  
Address: 1490 W. 49TH PL., STE 460-480  
City-St-Zip: HIALEAH, FL 33012

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: EDUARDO G GOMEZ MD

PTD

01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date