

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000057425

1. Entity Name
VALS AND GONZALEZ M.D., P.A.



Principal Place of Business
**1992 S.W. 1ST ST NO. 2A
MIAMI, FL 33135**

Mailing Address
**1992 S.W. 1ST ST NO. 2A
MIAMI, FL 33135**

FILED
Jan 21, 2005 08:00 AM
Secretary of State



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0022070

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, ORLANDO H
1992 S.W. 1ST ST NO. 2A
MIAMI, FL 33135**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-15-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, ORLANDO H
STREET ADDRESS	240 N.W. 85TH CT.
CITY - ST - ZIP	MIAMI, FL 33126

TITLE	D
NAME	VALS, ARNALDO
STREET ADDRESS	1084 S.W. 137TH PLACE
CITY - ST - ZIP	MIAMI, FL 33184

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**U00000188804
01/24/05-80071-002 150.00**

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Orlando Gonzalez

1-12-05

Date

Daytime Phone #

305-644-0772