


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000057425
 1. Entity Name
VALS AND GONZALEZ M.D., P.A.



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



01252006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0022070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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: *Haler* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ORLANDO H 240 N.W. 85TH CT. MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEPPA, JORGE M.D. 1992 S.W. 1ST STREET, #2A MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/28/06-80033-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Haler* **03-15-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #