

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-12-2007 90112 032 ***150.00

DOCUMENT # P03000027524

1. Entity Name
HORACIO GONZALEZ, M.D., P.A.



Principal Place of Business
**1007 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**1007 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701**

66019694



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number
36-4525332

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GONZALEZ, HORACIO M.D.
856 SUN COURT
ALTAMONTE SPRINGS, FL 32701**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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
**D
GONZALEZ, HORACIO M.D.
856 SUN COURT
ALTAMONTE SPRINGS, FL 32701**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

17-10-06

Date

Daytime Phone #

Horacio Gonzalez

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 08:01
Secretary of St

DOCUMENT # P03000027524

1. Entity Name
HORACIO GONZALEZ, M.D., P.A.



Principal Place of Business
**1007 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**1007 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701**

DO NOT WRITE IN THIS SPACE

07062006 No Chg-P CR2E004 (11/05)

4. FEI Number
36-4526332

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, HORACIO M.D.
888 SUN COURT
ALTAMONTE SPRINGS, FL 32701**

**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 date if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

**FILE MONTHLY FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, HORACIO M.D.
STREET ADDRESS	888 SUN COURT
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000569319
07/13/06-80008-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 registrar 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 fees empowered.

SIGNATURE:

[Handwritten Signature]

PAS. ✓

7-10-06

Date

Daytime Phone #

Horacio Gonzalez

ATTACHMENT

1660191094
#P03000027524

Horacio Gonzalez MD
1007 E Altamonte Dr
Altamonte Springs, Fl. 32701

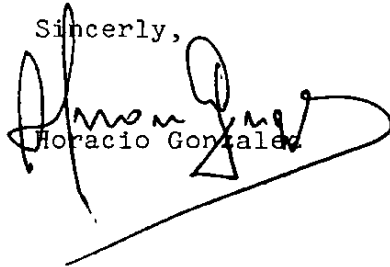
Division of Corporations
P.O. Box 6198
Tallahassee, Fl. 32314

Dear Sir:

Do to the fact that we never received notification
in the mail, could you please abate the \$400. penalty?
I am enclosing the \$150. in case you can.

Thank you for any help you can give on this. ---

Sincerly,


Horacio Gonzalez