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

66019694

01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4525332
☐ 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.
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: _____ 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
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	D
NAME	GONZALEZ, HORACIO M.D.
STREET ADDRESS	856 SUN COURT
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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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: Horacio Gonzalez Pres. 7-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:0(
Secretary of St

ATTACHMENT

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DOCUMENT # P03000027524

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HORACIO GONZALEZ, M.D., P.A.

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SIGNATURE _____ DATE
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FILING FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GONZALEZ, HORACIO M.D.
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CITY-ST-ZIP	

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07/13/06-80008-003 150.00

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SIGNATURE: Horacio Gonzalez PRES. 7-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

Horacio Gonzalez

ATTACHMENT
160019694
#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