


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000093614 1. Entity Name C.F. GONZALEZ, M.D., P.A.							
Principal Place of Business 7989 S SUNCOAST BLVD HOMOSASSA FL 34446		Mailing Address P.O. BOX 1940 HOMOSASSA SPRINGS FL 34447					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc		Suite, Apt #, etc					
City & State		City & State					
Zip		Country		Zip			
Country		Country		4. FEI Number 59-3290127 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GONZALEZ, CARLOS F 286 N.W. MAGNOLIA CIRCLE CRYSTAL RIVER FL 34428			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; margin-right: 50px;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE PSTD <input type="checkbox"/> Delete NAME GONZALEZ, CARLOS F STREET ADDRESS 286 NW MAGNOLIA CIRCLE CITY - ST - ZIP CRYSTAL RIVER FL 34428	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME U00000264413 STREET ADDRESS 03/16/05-80014-012 150.00 CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				

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: _____ **3-15-05 352-382-8282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #