

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 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 - No P.O. Box #
 Suite, Apt #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent
**GONZALEZ, CARLOS F
 286 N.W. MAGNOLIA CIRCLE
 CRYSTAL RIVER FL 34428**

4. FEI Number **59-3290127**
 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PSTD GONZALEZ, CARLOS F 286 NW MAGNOLIA CIRCLE CRYSTAL RIVER FL 34428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 03/29/07-80034-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 Date **3-15-07** **352 382 8282** Domestic Phone #