

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90003 020 ***150.00

DOCUMENT # P95000060797

1. Entity Name
MICHAEL M. GUTIERREZ, M.D., P.A.



Principal Place of Business
**100 WEST GORE STREET STE 602
STE 600
ORLANDO, FL 32806**

Mailing Address
**100 WEST GORE STREET STE 602
STE 600
ORLANDO, FL 32806**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3330433

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

**HERNANDEZ RAMAN GUTIERREZ MICHAEL
1645 E WOODWARD ST 100 WEST GORE ST, STE 602
ORLANDO, FL 32803 ORLANDO, FL 32806**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PSTD
GUTIERREZ, MICHAEL M M.D.
100 WEST GORE STREET STE 602 600
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

217/106