

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000093614

Entity Name: C.F. GONZALEZ, M.D., P.A.

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7989 S SUNCOAST BLVD  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1940  
HOMOSASSA SPRINGS, FL 34447

**New Mailing Address:**

FEI Number: 59-3290127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VILLACASTIN, ALEX T MD  
7989 S SUNCOAST BLVD  
HOMOSASSA, FL 34446 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MGRM  
Name: VILLACASTIN, ALEX T  
Address: 2820 W. LANTANA DR.  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: MGRM  
Name: VILLACASTIN, MARIA N  
Address: 2820 W. LANTANA DR.  
City-St-Zip: BEVERLY HILLS, FL 34465

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALEX T. VILLACASTIN

MGR

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date