

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05492

**Entity Name:** EDUARDO G. GOMEZ, M.D., P.A.

**Current Principal Place of Business:**

1840 WEST 49TH ST.  
SUITE 607  
HIALEAH, FL 33012

**Current Mailing Address:**

311 N. COCONUT LANE  
MIAMI BEACH, FL 33139

**FEI Number:** 59-2036884

**Certificate of Status Desired:** No

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

GOMEZ, AMALIA  
311 N COCONUT LN  
MIAMI BEACH, FL 33139 US

*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

**Officer/Director Detail :**

Title            PTD  
Name            GOMEZ G. EDUARDO MD  
Address        1840 W. 49TH ST., STE 607  
City-State-Zip: HIALEAH FL 33012

*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: EDUARDO G GOMEZ MD PA

PTD

01/14/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date