

2015 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

PTD

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date