

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000107284

**Entity Name:** TRAUMA SURGEONS ON CALL. P.A.

**Current Principal Place of Business:**

12651 N DALE MABRY #272204  
TAMPA, FL 33688

**Current Mailing Address:**

12651 N DALE MABRY #272204  
TAMPA, FL 33688 US

**FEI Number: 26-3838814**

**Certificate of Status Desired: No**

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

GONZALEZ, PATRICK JR  
12651 N DALE MABRY #272204  
TAMPA, FL 33688 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 P  
Name GONZALEZ, PATRICK JR  
Address 12651 N DALE MABRY #272204  
City-State-Zip: TAMPA FL 33688

*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: PATRICK GONZALEZ**

**PRESIDENT**

**02/25/2014**

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

\_\_\_\_\_  
Date