2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 504511

1. Entity Name
MIGUEL A. GONZALEZ, M.D., PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
401 SE 16TH ST FT LAUDERDALE, FL 33316	401 SE 16TH ST FT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

03062006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1674478		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MIGUEL A.
401 SE 16 ST
FT LAUDERDALE, FL 33316

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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	PD
NAME	GONZALEZ MIGUEL A
STREET ADDRESS	401 SE 16TH ST
CITY-ST-ZIP	FT. LAUDERDALE, FLA00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/06-90114-023 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   03-03-06   9545238108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #