# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 504511**

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

**FILED**
**Jan 24, 2008  08:00 AN**
**Secretary of State**

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

01152008    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

**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**<br>**After May 1, 2008 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 | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| CITY-ST-ZIP | |

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01/29/08-80002-005 150.00

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

SIGNATURE: _____    1-18-08    9545238708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR          Date          Daytime Phone #