

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90084 004 ***150.00

DOCUMENT # 603928

1. Corporation Name

CARLOS F. GONZALEZ M.D. P.A.

Principal Place of Business
7991 S. SUNCOAST BLVD.
HOMOSASSA FL 34446

Mailing Address
P.O. BOX 1940
HOMOSASSA SPRINGS FL 34447

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1972

4. FEI Number

59-1425832

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7989 S. SUNCOAST BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 HOMOSASSA, FL

City & State

28

Zip Country

24 34446 25

Zip Country

29

30

9. Name and Address of Current Registered Agent

GONZALEZ, CARLOS F.
286 N.W. MAGNOLIA CIRCLE
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

CARLOS F. GONZALEZ M.D. P.A.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE
NAME GONZALEZ, CARLOS F
STREET ADDRESS 286 NW MAGNOLIA CIRCLE
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS F. GONZALEZ M.D. P.A.

4-12-99

Date

352-382-2900

Daytime Phone #

CR2E034 (1/98)

0488364