

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUN -8 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 678339

1. Corporation Name

Rogelio Gonzalez-Pena M.D., P.A.

Principal Place of Business

Mailing Address

2215 Nebraska Avenue
Suite 1C
Ft. Pierce, Fl 34950

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08-01-80
3a. Date of Last Report 1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	2215 Nebraska Avenue	26	2215 Nebraska Ave	59-2009117		Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22	1C	27	1C	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under S 199 032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23	Ft. Pierce, Florida	28	Ft. Pierce, Florida				
24	Zip 34950	25	Country USA	29	Zip 34950	30	Country USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Rogelio Gonzalez-Pena M.D. 2215 Nebraska Avenue, Suite 1C Ft. Pierce, Florida 34950				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogelio Gonzalez-Pena M.D., P.A.	1 2 NAME	
STREET ADDRESS	2215 Nebraska Ave, Suite 1C	1 3 STREET ADDRESS	
CITY ST ZIP	Ft. Pierce, Fl 34950	1 4 CITY ST ZIP	
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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 on an attachment with an address.

SIGNATURE: _____ DATE: 5-23-95 (407) 465-7141
Signature typed or printed name of officer or director
 Rogelio Gonzalez-Pena M.D.