

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04639

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** RENE J. GOMEZ, M.D., P.A.

**Current Principal Place of Business:**

7400 N KENDALL DR  
SUITE # 511  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7400 N KENDALL DR  
SUITE # 511  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 59-2033024      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MENENDEZ, CHARLES A CPA  
1571 BIRD ROAD  
CORAL GABLES, FL 33146      US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GOMEZ, RENE J.  
Address: 7400 N KENDALL DRIVE SUITE # 511  
City-St-Zip: MIAMI, FL 33156

Title: ST  
Name: GOMEZ, RENE J.  
Address: 7400 N KENDALL DRIVE SUITE # 511  
City-St-Zip: MIAMI, FL 33156

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: RENE J. GOMEZ

PD

04/13/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date