


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F57641
 1. Entity Name
CESAR A. GOROSPE, M.D., P.A.



Principal Place of Business Mailing Address
 % CESAR A GOROSPE, M.D. % CESAR A GOROSPE, M.D.
 7240 SAN PEDRO ROAD 7240 SAN PEDRO ROAD
 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-2140043** Applied For
 Not Applied
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GOROSPE, CESAR A., MD
7240 SAN PEDRO ROAD
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May F
 Trust Fund Contribution. Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------------|---|--|
| TITLE | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | GOROSPE, CESAR A, MD | NAME | |
| STREET ADDRESS | 7240 SAN PEDRO ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 01/25/06-80035-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Cesar A Gorospe, MD 1/18/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #