


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # G51028  
 1. Entity Name  
 FRANCISCO B. GOMES, M.D., P.A.



Principal Place of Business      Mailing Address  
 4221 NORTH HIMES                      P O BOX 18126  
 TAMPA, FL 33607 US                      TAMPA, FL 33679-8126

**DO NOT WRITE IN THIS SPACE**



02212005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2307723      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GOMES, FRANCISCO B DR  
 4221 N HIMES  
 TAMPA, FL 33607

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

U00000269905  
 03/19/05-80029-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PA
NAME	GOMES, FRANCISCO B MD
STREET ADDRESS	17940 GULF BOULEVARD #9-A
CITY-ST-ZIP	REDINGTON SHORES, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 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: Francisco B. Gomes MD PA President (813) 874 7217  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #