


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

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



Principal Place of Business
**4221 NORTH HIMES
 TAMPA, FL 33607 US**

Mailing Address
**P O BOX 18126
 TAMPA, FL 33679-8126**

DO NOT WRITE IN THIS SPACE

U00000461467
 03/20/06-80052-013 150.00



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2307723

Applied For
 Not Applicable

5. Certificate of Status Desired **\$6.75 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Francisco B. Gomes, M.D., P.A. DATE: 03/04/06 (813) 874722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR