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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G96874

1. Entity Name
LEOPOLDO B. GONZALEZ, M.D., P.A.

02132004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
301 HEALTH PARK BLVD. SUITE 220 ST. AUGUSTINE, FL 32086	301 HEALTH PARK BLVD. SUITE 220 ST. AUGUSTINE, FL 32086

2. Principal Place of Business	3. Mailing Address
412 CAMELIA TRAIL Suite, Apt. #, etc.	412 CAMELIA TRAIL Suite, Apt. #, etc.
City & State: ST. AUGUSTINE FL	City & State: ST. AUGUSTINE FL
Zip: 32086 Country: USA	Zip: 32086 Country: USA

4. FEI Number: 59-2407679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MCCLURE, GEORGE M.~~ ~~81 KING STREET~~ ~~ST. AUGUSTINE, FL 32084~~ LEOPOLDO B. GONZALEZ 412 CAMELIA TRAIL FL. 32086 ST. AUGUSTINE	Name: LEOPOLDO B. GONZALEZ, M.D. Street Address (P.O. Box Number is Not Acceptable): 412 CAMELIA TRAIL City: ST. AUGUSTINE FL Zip Code: 32086

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: Leopoldo B. Gonzalez MD DATE: 4/6/04

Signature, not required if name of registered agent shall be typed or printed. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GONZALEZ, LEOPOLDO B. 301 HEALTH PARK BLVD 220 ST. AUGUSTINE, FL	☐ Delete	DP GONZALEZ, LEOPOLDO B. 412 CAMELIA TRAIL ST. AUGUSTINE, FL 32086	☒ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

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: Leopoldo B. Gonzalez MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #