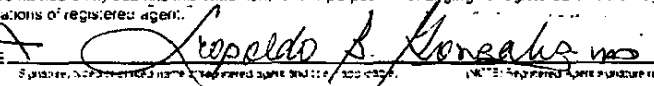
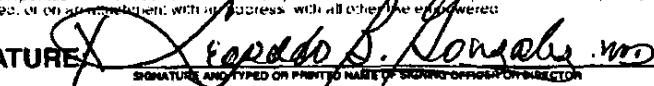


FILED  
Apr 07, 2004 8:00 am  
Secretary of State

03-30-2004 90012 003 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                                                                                                                                        |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # G96874</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                                                                                                                       |                                                                              |
| 1. Entry Name<br><b>LEOPOLDO B. GONZALEZ, M.D., P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                                                                                                                                                                                                        |                                                                              |
| Principal Place of Business<br><b>301 HEALTH PARK BLVD. SUITE 220<br/>ST. AUGUSTINE, FL 32086</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | Mailing Address<br><b>301 HEALTH PARK BLVD. SUITE 220<br/>ST. AUGUSTINE, FL 32086</b>                                                                                                                                                  |                                                                              |
| 2. Principal Place of Business<br><b>412 CAMELIA TRAIL</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | 3. Mailing Address<br><b>412 CAMELIA TRAIL</b><br>Suite, Apt. #, etc.                                                                                                                                                                  |                                                                              |
| City & State<br><b>ST. AUGUSTINE FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              | City & State<br><b>ST. AUGUSTINE FL</b>                                                                                                                                                                                                |                                                                              |
| Zip<br><b>32086</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country<br><b>USA</b>                                                        | Zip<br><b>32086</b>                                                                                                                                                                                                                    | Country<br><b>USA</b>                                                        |
| 6. Name and Address of Current Registered Agent<br><b>MCCLURE, GEORGE M.<br/>84 KING STREET<br/>ST. AUGUSTINE, FL 32084</b><br><b>LEOPOLDO B. GONZALEZ</b><br><b>412 CAMELIA TRAIL ST. AUGUSTINE, FL 32086</b>                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | 7. Name and Address of New Registered Agent<br>Name<br><b>LEOPOLDO B. GONZALEZ, M.D.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>412 CAMELIA TRAIL</b><br>City<br><b>ST. AUGUSTINE</b> FL Zip Code<br><b>32086</b> |                                                                              |
| 8. The above named entry 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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | DATE<br><b>4/6/04</b>                                                                                                                                                                                                                  |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be</b><br>Added to Fees                                                                                                               |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                  |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>GONZALEZ, LEOPOLDO B.<br>301 HEALTH PARK BLVD 220<br>ST. AUGUSTINE, FL | <input type="checkbox"/> Delete                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | <input type="checkbox"/> Delete                                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | <input type="checkbox"/> Delete                                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | <input type="checkbox"/> Delete                                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | <input type="checkbox"/> Delete                                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | <input type="checkbox"/> Delete                                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | <input type="checkbox"/> Delete                                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information included 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 of this report. |                                                                              |                                                                                                                                                                                                                                        |                                                                              |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | DATE<br>_____<br>Signature Printed                                                                                                                                                                                                     |                                                                              |

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02132004 Chg-P CR2E034 (10/03)