


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # G96874</b> 1. Entity Name <b>LEOPOLDO B. GONZALEZ, M.D., P.A.</b>		
Principal Place of Business <b>412 CAMELIA TRAIL SAINT AUGUSTINE, FL 32086</b>	Mailing Address <b>412 CAMELIA TRAIL SAINT AUGUSTINE, FL 32086</b>	



02242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2407679</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>GONZALEZ, LEOPOLDO B M.D. 412 CAMELIA TRAIL SAINT AUGUSTINE, FL 32086</b>
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**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 reappointing) \_\_\_\_\_ 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 ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, LEOPOLDO B. 412 CAMELIA TRAIL SAINT AUGUSTINE, FL 32086
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U00000299641  
04/11/05-80116-013 150.00

U00000299641  
04/11/05-80116-014 8.75

**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: Leopoldo B. Gonzalez, MD 4/6/05 904-797-1565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #