

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # G96874

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



Principal Place of Business
**412 CAMELIA TRAIL
SAINT AUGUSTINE, FL 32086**

Mailing Address
**412 CAMELIA TRAIL
SAINT AUGUSTINE, FL 32086**



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**GONZALEZ, LEOPOLDO B M.D.
412 CAMELIA TRAIL
SAINT AUGUSTINE, FL 32086**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000690642
04/11/07-80083-022 150.00

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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IN THIS SPACE**

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:

Leopoldo B. Gonzalez, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/07