

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
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**



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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)

1100000007304
DATE 04/21/08-50007-011 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GONZALEZ, LEOPOLDO B.
STREET ADDRESS 412 CAMELIA TRAIL
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 REGISTERING OFFICER OR DIRECTOR

April 4, 2008
Date

904-824-4277
Daytime Phone #