2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G96874

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

FILED Jan 11, 2012 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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412 CAMELIA TRAIL 412 CAMELIA TRAIL

SAINT AUGUSTINE, FL 32086 SAINT AUGUSTINE, FL 32086 US

Current Mailing Address: New Mailing Address:

412 CAMELIA TRAIL 412 CAMELIA TRAIL

SAINT AUGUSTINE, FL 32086 SAINT AUGUSTINE, FL 32086 US

FEI Number: 59-2407679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DF

Name: GONZALEZ, LEOPOLDO B Address: 412 CAMELIA TRAIL

City-St-Zip: SAINT AUGUSTINE, FL 32086 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEOPOLDO B GONZALEZ DP 01/11/2012