

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90033 039 ***150.00

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1. Entity Name
PAUL J. GONZALEZ M.D., P.A.



Principal Place of Business

~~5411 GRAND BOULEVARD #101~~
~~NEW PORT RICHEY, FL 34652~~
~~3531 Little Road~~
New Port Richey FL 34655

Mailing Address

~~5411 GRAND BOULEVARD #101~~
~~NEW PORT RICHEY, FL 34652~~
~~PO Box 1527~~
Elfers FL 34680-1527



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2552787

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, PAULINO J.
~~5411 GRAND BOULEVARD #101~~ 3531 Little Road
~~NEW PORT RICHEY, FL 34652~~ New Port Richey FL 34655

**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.

PAULINO J. GONZALEZ, MD

(NOTE: Registered Agent signature required when reinstating)

3-10-08

DATE

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, PAULINO J.
STREET ADDRESS	5411 GRAND BLVD 101 3531 Little Road
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652 34655
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULINO J. GONZALEZ, MD

Date

3-10-08 (727) 376-1776

Daytime Phone #