2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67693

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

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5411 GRAND BOULEVARD #101 3531 LITTLE ROAD

NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34655 US

Current Mailing Address: New Mailing Address:

5411 GRAND BOULEVARD #101 P.O. BOX 1527

NEW PORT RICHEY, FL 34652 ELFERS, FL 34680 US

FEI Number: 59-2552787 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, PAULINO J. GONZALEZ, PAULINO J MD 3531 LITTLE ROAD 3531 LITTLE ROAD

NEW PORT RICHEY, FL 34655 US NEW PORT RICHEY, FL 34655 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: PAULINO J. GONZALEZ, M.D. 01/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: GONZALEZ, PAULINO J., Name: GONZALEZ, PAULINO J MD

Name:GONZALEZ, PAULINO J.,Name:GONZALEZ, PAULINO J MDAddress:3531 LITTLE ROADAddress:3531 LITTLE ROAD

City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULINO J. GONZALEZ, M.D. DP 01/14/2009

Electronic Signature of Signing Officer or Director

Date