2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J35374

1. Entity Name
MARIA R. GOME, M.D., P.A.

Principal Place of Business

302 NO DALE MABRY
TAMPA, FL 33609   US

Mailing Address

302 NO DALE MABRY
TAMPA, FL 33609   US

DO NOT WRITE IN THIS SPACE

01302008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2731275	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional , Fee Required

6. Name and Address of Current Registered Agent

MARIA R. GOMEZ, MD
302 N. DALE MABRY AVENUE
TAMPA, FL 33609

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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, 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	PD	
NAME	GOMEZ, MARIA R., M.D.	
STREET ADDRESS	302 N. DALE MABRY HIGHWAY	
CITY-ST-ZIP	TAMPA, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

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02/12/08-80070-022 150.00

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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: _____   1/31/08   813-873-2663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #