2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90041 027 ***158.75

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01212006 Chg-P CR2E034 (11/05)

DOCUMENT # K75168

1. Entity Name
ANTONIO GANDIA, M.D., P.A.

Principal Place of Business	Mailing Address
11227 NORTHWEST 68TH PLACE PARKLAND, FL 33076	~~2909 FONTANA LANE~~ ~~ROYAL PALM BEACH, FL 33411~~

2. Principal Place of Business		3. Mailing Address	
		4327 So Hwy 27	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 404	
City & State		City & State CLERMONT FL	
Zip	Country	Zip 34711	Country USA

4. FEI Number 65-0100024 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAYNES, DAVID ESQ ~~2706 MISTY OAKS CIRCLE~~ ~~ROYAL PALM BEACH, FL 33411~~	Name Street Address (P.O. Box Number is Not Acceptable) 4327 SOUTH HIGHWAY #27 SUITE #404 City CLERMONT FL Zip Code 34711

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 David M. Gaynes 1/23/6
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, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GANDIA, ANTONIO 11227 NORTHWEST 68TH PLACE PARKLAND, FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #