

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

DOCUMENT # L36125

(7)

55 MAY -1 AM 9:20

JAIME G. GOMEZ, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5353 NORTH FEDERAL HIGHWAY
210
FT. LAUDERDALE FL 33308
US

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FT. LAUDERDALE FL 33308
US

FORM 12-1 (WHERE APPLICABLE)

3. Date incorporated or chartered 12/11/1989	3a. Date of last report 03/01/1994
4. Filing Number 65-0176730	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions	\$5.00 May Be Added to Fees
8. This corporation has liability for campaign finance under 11-100.07?	Yes ☒ No ☐

2. Formerly Registered	2a. Mailing Address
21. Former Agent #	26. Former Agent #
22. City & State	27. City & State
23. _____	28. _____
24. _____	29. _____
25. _____	30. _____

9. Name and Address of Current Registered Agent

GOMEZ, JAIME G., M.D.
5353 N FEDERAL HWY,
SUITE 210
FT LAUDERDALE FL FL 33308

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. _____	
84. City	

11. I, the undersigned, being a resident of this State, do hereby certify that the foregoing is a true and correct statement of the facts and circumstances of the corporation's business for the year ended on the date of the filing of this report, and that the same are true and correct to the best of my knowledge and belief.

12. CERTIFY AND SIGN AND PRINT NAME

P	GOMEZ, JAIME G. M.D.
	5353 N FEDERAL HWY #210
	FT. LAUDERDALE FL
S	GOMEZ, FELIPE
	5353 N FEDERAL HWY #210
	FT LAUDERDALE FL

13. ADDRESS CHANGE BY TO OR BY PLEASE PRINT FULL NAME	Change ☐ Addition ☐
1. NAME	
2. STREET ADDRESS	
3. CITY	
4. STATE	
5. ZIP CODE	
6. NAME	
7. STREET ADDRESS	
8. CITY	
9. STATE	
10. ZIP CODE	
11. NAME	
12. STREET ADDRESS	
13. CITY	
14. STATE	
15. ZIP CODE	
16. NAME	
17. STREET ADDRESS	
18. CITY	
19. STATE	
20. ZIP CODE	
21. NAME	
22. STREET ADDRESS	
23. CITY	
24. STATE	
25. ZIP CODE	

PLEASE DELETE

X

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME G GOMEZ, M.D.

4/25/95 (305) 276-6122