

10/2

### 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 26 PM 4:43

<b>DOCUMENT # M03125</b>	
1. Entity Name FRANCISCO MANUEL GOMEZ, M.D., P.A.	



Principal Place of Business 302 N DALE MABRY TAMPA, FL 33609 US	Mailing Address 302 DALE MABRY TAMPA, FL 33609 US
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07062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2438834	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GOMEZ, FRANCISCO MANUEL, M.D.  
5113 POE AVE  
TAMPA, FL 33609

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when releasing)

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOMEZ, FRANCISCO MANUEL 5113 POE AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemption stated in Section 119.07(3)(f), 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: *Francisco Manuel Gomez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05 813-873-2613  
Date Telephone #

2 of 2

Francisco M. Gomez  
302 North Dale Mabry Hwy.  
Tampa, Florida 33609-1239

June 30, 2005

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

Re: CASITA MARINA, INC. DOCUMENT # P01000114566-  
A & G CASA MARINA , INC. DOCUMENT#P96000032797 ✓  
MARIA R. GOMEZ M.D., P.A. DOCUMENT# J35374  
FRANCISCO MANUEL GOMEZ, M.D., P.A. DOCUMENT #M03125  
CFC GOMEZ , INC. DOCUMENT# P93000023390

Dear sirs:

For the last two years we have never received the first renewal forms for the above corporations. This year we just received the Notice of Intent To Dissolve on June 29, 2005. We will appreciate if you could send us the forms for the above corporations in the mail so we can file. We tried to download the forms but we could not get it to print. I called your office but they told me to request the forms thru the mail. Your prompt attention to this matter will be highly appreciated.

Sincerely,



Manuel A. Valdes  
Office Manager