

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M59747	
1. Entity Name HORTENSIA B. GOMEZ, D.D.S., P.A.	



Principal Place of Business C/O HORTENSIA B. GOMEZ 11960 S.W. 8 ST. MIAMI, FL 33184	Mailing Address HORTENSIA B GOMEZ 11944 SW 8TH ST MIAMI, FL 33184-633 US
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07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0018539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOMEZ, HORTENSIA B. 11960 S.W. 8 ST. MIAMI, FL 33184	
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**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 _____
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
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, HORTENSIA B. 11960 S.W. 8 ST. MIAMI, FL
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07/25/05-80001-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: *Hortensia B. Gomez DDS, PA* **07-21-2005** **305-868-1622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #