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Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90088 002 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000034029

1. Entity Name
ORLANDO J. GONZALEZ, LMHC, P.A.

Principal Place of Business	Mailing Address
407 LINCOLN RD.,STE.# 2F MIAMI BEACH, FL 33139 CHANGE ↓	407 LINCOLN RD.,STE.# 2F MIAMI BEACH, FL 33139 CHANGE ↓

02032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11645 BISCAYNE BLVD.	11645 BISCAYNE BLVD.
Suite, Apt. #, etc. 307-F	Suite, Apt. #, etc. 307-F
City & State NORTH MIAMI	City & State NORTH MIAMI
Zip 33181 Country USA	Zip 33181 Country USA

4. FEI Number 65-1003329 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, ORLANDO J CHANGE OF ADDRESS ↓
~~407 LINCOLN RD.,STE.# 2F~~
~~MIAMI BEACH, FL 33139~~
11645 BISCAYNE BLVD, #307-F
NORTH MIAMI, FLORIDA 33181

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 3/18/05
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, 2005 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	PT GONZALEZ, ORLANDO J 407 LINCOLN RD STE 2F MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 11645 BISCAYNE BLVD. Suite 307-F NORTH MIAMI, FLORIDA 33181
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemption stated in Section 119.07(3)(i), 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] 3/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #