

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000038561

1. Entity Name  
MIGUEL E. GONZALEZ, M.D., P.A.



Principal Place of Business  
6720 TAFT ST.  
HOLLYWOOD, FL 33024

Mailing Address  
6720 TAFT ST.  
HOLLYWOOD, FL 33024



04142005 No Chg-P CR2 E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1032406	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**

GONZALEZ, MIGUEL E  
6720 TAFT ST.  
HOLLYWOOD, FL 33024

**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  
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**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP GONZALEZ, MARIA 6720 TAFT ST. HOLLYWOOD, FL 33024
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P GONZALEZ, MIGUEL E 6720 TAFT ST. HOLLYWOOD, FL 33024
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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000000312584  
04/18/05-80106-016 150.00

**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. 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, or in all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-05