

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90048 008 ***150.00

DOCUMENT # P0000085924

1. Entity Name

GONZALO A GONZALEZ, M.D., P.A.



Principal Place of Business

108 PEBBLE BEACH BLVD., SOUTH
 SUNCITY CENTER FL 33573

Mailing Address

P.O. BOX 2179
 BRANDON FL 33509-2179

54009094



MOORE CR2E034 (11/03)

2. Principal Place of Business

413 W. ROBERTSON STREET

3. Mailing Address

Suite, Apt. #, etc.

SUITE # A

Suite, Apt. #, etc.

City & State

BRANDON FL

4. FEI Number 59-3671578

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, GONZALO A
 3807 SPRUCE PINE DRIVE
 VALRICO FL 33594

7. Name and Address of New Registered Agent

Name GONZALO A. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

413 W. ROBINSON ST. SUITE A

City BRANDON

FL

Zip Code 33511

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

02-11-2004

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D Delete
 NAME GONZALEZ, GONZALO A
 STREET ADDRESS 3807 SPRUCE PINE DRIVE
 CITY-ST-ZIP VALRICO FL 33594

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GONZALO A. GONZALEZ - President

02/11/2004 (S12) 661-1515

Date Daytime Phone #