


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90015 007 ***150.00

DOCUMENT # P00000085924		
1. Entity Name GONZALO A GONZALEZ, M.D., P.A.		

Principal Place of Business 413 W. ROBERTSON STREET SUITE #A BRANDON, FL 33511	Mailing Address P.O. BOX 2179 BRANDON, FL 33509-2179
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40011000



02142006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3671578	Applied For <input type="checkbox"/> 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 GONZALEZ, GONZALO A 413 W. ROBERTSON Street SUITE A BRANDON, FL 33511		7. Name and Address of New Registered Agent Name <u>GONZALO A. GONZALEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>440 LUCERNE AVENUE</u> City <u>TAMPA</u> FL Zip Code <u>33606</u>	
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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 <u>GONZALO A. GONZALEZ</u>	DATE <u>2/17/06</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, GONZALO A 3807 SPRUCE PINE DRIVE VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President / Director</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>GONZALO GONZALEZ</u> <u>440 LUCERNE AVENUE</u> <u>TAMPA, FL 33606</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>GONZALO A. GONZALEZ</u>	Date <u>02/17/06</u> (813) 254 4095