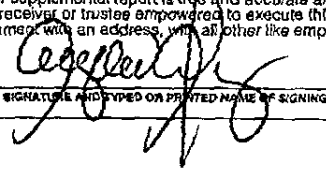


FILED

Feb 03, 2006 08:00 AM
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000106223		
1. Entity Name ANGELA GOMEZ, M.D., P.A.		
Principal Place of Business 747 PONCE DE LEON BLVD. STE 606 CORAL GABLES, FL 33134		Mailing Address 747 PONCE DE LEON BLVD. STE 606 CORAL GABLES, FL 33134
DO NOT WRITE IN THIS SPACE		
		 01312006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-1150104
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GOMEZ, ANGELA M.D. 747 PONCE DE LEON BLVD. STE 606 CORAL GABLES, FL 33134		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 _____ (NOTE: registered Agent signature required when resigning) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	GOMEZ, ANGELA	
STREET ADDRESS	747 PONCE DE LEON BLVD., #606	
CITY- ST- ZIP	CORAL GABLES, FL 33134	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: 		01/31/06 Date Daytime Phone #