
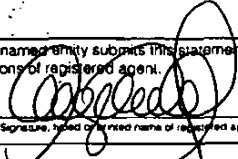
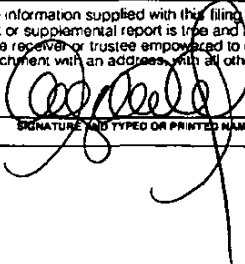


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 8:00 am
Secretary of State

01-25-2007 90049 030 ***150.00

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		
		01122007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1150104		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		
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 		* NO CHANGE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, ANGELA 747 PONCE DE LEON BLVD., #606 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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: 		2/16/07 Date Deputy Phone #