


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000106223 1. Entity Name ANGELA GOMEZ, M.D., P.A.	
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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
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01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1150104	Applied For Not Applicable
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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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, ANGELA 747 PONCE DE LEON BLVD., #606 CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1/9/08 (305) 444-7779