2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# P01000112562

Entity Name: POTENCIANO GONZALES, M.D., P.A.

Current Principal Place of Business:

62 SPRING VISTA DR
101
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

62 SPRING VISTA DRIVE
SUITE 101
DEBARY, FL 32713

New Mailing Address:

FEI Number: 59-3760237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALES, POTENCIANO
317 HAZELTINE DR.
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: M.D. ( ) Delete
Name: GONZALES, POTENCIANO D
Address: 317 HAZELTINE DRIVE
City-St-Zip: DEBARY, FL 32713

Title: MD ( ) Delete
Name: GONZALES, JOSEFINA
Address: 317 HAZELTINE DRIVE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEFINA GONZALES ADM 07/15/2009

Electronic Signature of Signing Officer or Director — Date