## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P02000061169** 1. Entity Name



Principal Place of Business 4755 SUMMERLIN RD. STE 8

FORT MYERS, FL 33919

E. GÓNZALEZ, M.D., P.A.

Mailing Address 4755 SUMMERLIN RD. FORT MYERS, FL 33919

**FILED** May 20, 2008 8:00 am Secretary of State

05-20-2008 90005 001 \*\*\*150.00

40104400



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04272008 No Chg-P CR2E034 (11/05)

4. FEI Number 82-0549355

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

GONZALEZ, EDUARDO M.D. 4755 SUMMERLIN RD SUITE 8 FORT MYERS, FL 33919

SIGNATURE: \_

## DO NOT WRITE IN THIS SPACE

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 Finance Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE	DPVP	·			
NAME	GONZALEZ, EDUARDO M.D.				
STREET ADDRESS	4755 SUMMERLIN RD., SUIRTE 8				
CITY-ST-ZIP	FORT MYERS, FL 33919				
TITLE					
NAME					
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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 it changed, or on an attachment with an address, with all other like empowered.					

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

2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000061/169 ATTACHMENT E. GONZALEZ, M.D., P.A. Principal Place of Business Mailing Address 4755 SUMMERLIN RD. 4755 SUMMERLIN RD. STE 8 STE 8 40104400 FORT MYERS, FL 33919 FORT MYERS, FL 33919 No Chg-P CR2E034 (11/05) 04272008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 82-0549355 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, EDUARDO M.D. DO NOT WRITE 4755 SUMMERLIN RD SUITE 8 IN THIS SPACE FORT MYERS, FL 33919 8. The above named entity submits this statery he 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 ag SIGNATURE. ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GONZALEZ, EDUARDO M.D. STREET ADDRESS 4755 SUMMERLIN RD., SUIRTE 8 CITY-ST-ZIP FORT MYERS, FL 33919 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE 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: \_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #