


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90009 039 ***150.00

DOCUMENT # P02000079171

1. Entity Name
JOSE A. GUTIERREZ, M.D., P.A.



Principal Place of Business
**801 ARDEN LEIGH DRIVE
 ORLANDO, FL 32828**

Mailing Address
**200 EAST ROBINSON STREET
 SUITE 500
 ORLANDO, FL 32801**

94039662

2. Principal Place of Business

3. Mailing Address
20 N Orange Ave

Suite, Apt. #, etc.
 Suite, Apt. #, etc.
SUITE 407

City & State
 City & State

Zip Country Zip Country



01132004 Chg-P CR2E034 (10/03)

4. FEI Number **55-0792188** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HENDRY, STONER, DELANCETT & BROWN, P.A.
 20 N. ORANGE AVENUE
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
Suite 407
 City **FL** Zip Code

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 *ls ston Brown* **3/12/04** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, JOSE A M.D. 801 ARDEN LEIGH DRIVE ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jose Gutierrez* **III-1-2004** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #