


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90228 042 ***150.00

DOCUMENT # P03000006002 1. Entity Name ANA L. GOMEZ, PSY.D., PA																													
Principal Place of Business 2101 PARK CENTER DRIVE SUITE 270 ORLANDO, FL 32835 US			Mailing Address 2101 PARK CENTER DRIVE SUITE 270 ORLANDO, FL 32835 US																										
2. Principal Place of Business 1850 Lee Road, Ste 321 Suite, Apt. #, etc.		3. Mailing Address 1850 Lee Road, Ste 321 Suite, Apt. #, etc.																											
City & State Winter Park, FL Zip 32789		City & State Winter Park, FL Zip 32789		4. FEI Number 55-0813395																									
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GOMEZ, ANA L 2101 PARK CENTER DRIVE SUITE 270 ORLANDO, FL 32835				7. Name and Address of New Registered Agent Name <u>GOMEZ, ANA L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1850 Lee Road, Ste 321</u> City <u>Winter Park</u> <u>FL</u> Zip Code <u>32789</u>																									
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 <u>Ana L. Gomez</u> DATE <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">D, P</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOMEZ, ANA L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2101 PARK CENTER DRIVE, SUITE 270</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32835</td> <td></td> </tr> </table>			TITLE	D, P	<input checked="" type="checkbox"/> Delete	NAME	GOMEZ, ANA L		STREET ADDRESS	2101 PARK CENTER DRIVE, SUITE 270		CITY-ST-ZIP	ORLANDO, FL 32835		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">D, P</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GOMEZ, ANA L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1850 Lee Road, Ste 321</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Winter Park, FL 32789</td> <td></td> </tr> </table>			TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GOMEZ, ANA L.		STREET ADDRESS	1850 Lee Road, Ste 321		CITY-ST-ZIP	Winter Park, FL 32789	
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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: <u>Ana L Gomez</u> DATE <u>4/28/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													