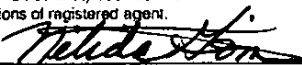
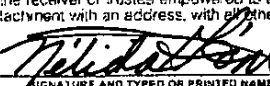


FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90237 024 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000006702			
1. Entity Name NELIDA GOMEZ, P.A.			
Principal Place of Business 16171 BLATT BLVD. UNIT 401 WESTON, FL 33326		Mailing Address 16171 BLATT BLVD. UNIT 401 WESTON, FL 33326	
2. Principal Place of Business 109 ASTERBROOKE DR. Suite, Apt. #, etc.		3. Mailing Address 109 ASTERBROOKE DR. Suite, Apt. #, etc.	
City & State DELAND, FL.		City & State DELAND, FL.	
Zip 32724		Zip 32724	
Country USA		Country USA	
4. FEI Number 13-4248701		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, NELIDA 16171 BLATT BLVE UNIT 401 WESTON, FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 109 ASTERBROOKE DR. City DELAND FL Zip Code 32724	
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:  DATE: 5/6/06 Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DPST GOMEZ, NELIDA 16171 BLATT BLVD. UNIT 401 WESTON, FL 33326 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 109 ASTERBROOKE DR. DELAND, FL. 32724 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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:  DATE: 5/6/06 954-349-3000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			