
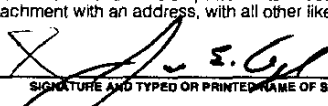


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90094 009 ***150.00

DOCUMENT # P03000013857 1. Entity Name DR. JOSE E. GONZALEZ, DDS, MSD, PA					
Principal Place of Business 6590 WINDHOVER DR ORLANDO, FL 32819			Mailing Address 6590 WINDHOVER DR ORLANDO, FL 32819		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="text-align: center; font-size: 1.2em;">01-0759922</div> <div style="text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GONZALEZ, DR JOSE E 1106 OAK POND DR CELEBRATION, FL 34747				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center;">6590 Windhover Dr.</div> City FL Zip Code 32819	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GONZALEZ, DR JOSE E <input type="checkbox"/> Delete 1106 OAK POND DR CELEBRATION, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5690 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6590 Windhover Dr. Orlando, Fl 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3/28/04 (407) 330-2162		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		