


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90001 001 ***550.00


DOCUMENT # P03000013857		
1. Entity Name DR. JOSE E. GONZALEZ, DDS, MSD, PA		

Principal Place of Business 6590 WINDHOVER DR 5690 ORLANDO, FL 32819	Mailing Address 6590 WINDHOVER DR 5690 ORLANDO, FL 32819
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Correct Street No.

DO NOT WRITE IN THIS SPACE

00000130



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0759922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
GONZALEZ, DR JOSE E 6590 WINDHOVER DR. 5690 ORLANDO, FL 32819	

DO NOT WRITE IN THIS SPACE

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.

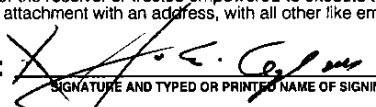
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, DR JOSE E 5690 WINDHOVER DR. ← correct ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

7/28/05 (407) 432-7969
Date Daytime Phone #