

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90014 003 ***150.00

DOCUMENT # P03000027524

1. Entity Name
HORACIO GONZALEZ, M.D., P.A.



Principal Place of Business
**1007 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**1007 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701**

40012374



2. Principal Place of Business - No P.O. Box #

515 State Road 436

Suite, Apt. #, etc.

Sie 1006

3. Mailing Address

515 State Road 436

Suite, Apt. #, etc.

Sie 1006

01172008

Chg-P

CR2E034 (12/06)

City & State

Casselberry, FL

Zip

32707

Country

USA

City & State

Casselberry, FL

Zip

32707

Country

USA

4. FEI Number

36-4525332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, HORACIO M.D.
856 SUN COURT
ALTAMONTE SPRINGS, FL 32701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GONZALEZ, HORACIO M.D.**
STREET ADDRESS **856 SUN COURT**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Horacio Gonzalez

1-25-08

407-834-3730