

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000143366

1. Entity Name
CECILIA C. GOMEZ, MD, PA



Principal Place of Business
5673 SW 137 AVENUE
MIAMI, FL 33183

Mailing Address
14829 SW 80 ST
APT 202
MIAMI, FL 33193



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0435024	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

GOMEZ, CECILIA C MD
14829 SW 80 ST
APT 202
MIAMI, FL FL

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	GOMEZ, CECILIA C MD
STREET ADDRESS	14829 SW 80 ST APT 202
CITY - ST - ZIP	MIAMI, FL 33193

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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01/13/05-80046-002 155.00

**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: *Cecilia Gomez, M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-10-05