

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109013

Entity Name: RAFAEL GONZALEZ MD, PA

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

14938 SW 38TH TERR
MIAMI, FL 33185

New Principal Place of Business:

14332 SW 40 TERRACE
MIAMI, FL 33175

Current Mailing Address:

14938 SW 38TH TERR
MIAMI, FL 33185

New Mailing Address:

14332 SW 40 TERRACE
MIAMI, FL 33175

FEI Number: 20-1418726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, RAFAEL MD
14938 SW 38TH TERR
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

GONZALEZ, RAFAEL MD
14332 SW 40 TERRACE
MIAMI, FL 33175 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/28/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, RAFAEL
Address: 14938 SW 38TH TERR
City-St-Zip: MIAMI, FL 33185

Title: SD () Delete
Name: PENA, MARCIA
Address: 14938 SW 38TH TERR
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALEZ, RAFAEL
Address: 14332 SW 40 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: SD (X) Change () Addition
Name: PENA, MARCIA
Address: 14332 SW 40 TERRACE
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL GONZALEZ MD

Electronic Signature of Signing Officer or Director

PD

04/28/2005

Date