

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163324

FILED
Apr 20, 2005
Secretary of State

Entity Name: GAMEZ CLINIC CENTER INC.

Current Principal Place of Business:

2726 W. WATER AVE.
TAMPA, FL 33614

New Principal Place of Business:

8004-C NORTH ARMENIA
TAMPA, FL 33604

Current Mailing Address:

2726 W. WATER AVE.
TAMPA, FL 33614

New Mailing Address:

8004-C NORTH ARMENIA
TAMPA, FL 33604

FEI Number: 33-1110680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMEZ, VICTOR
2726 W. WATER AVE.
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

GAMEZ, VICTOR
8004-C NORTH ARMENIA
TAMPA, FL 33604 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: VICTOR GAMEZ

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GAMEZ, VICTOR
Address: 2726 W. WATER AVE.
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GAMEZ, VICTOR E
Address: 8004-C NORTH ARMENIA
City-St-Zip: TAMPA, FL 33604

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: VICTOR GAMEZ

PRES

04/20/2005

Electronic Signature of Signing Officer or Director

Date