

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166156

Entity Name: JOTA GAMEZ CLINIC, INC.

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

30447 DOUBLE DR.
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

8004 NORTH ARMENIA
C2
TAMPA, FL 33604

Current Mailing Address:

30447 DOUBLE DR.
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMEZ, YANEIDIS
30447 DOUBLE DR.
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAMEZ, YANEIDIS
Address: 30447 DOUBLE DR.
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VD (X) Delete
Name: JOTA, ROBERT
Address: 30447 DOUBLE DR.
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOTA GAMEZ, YANNIBERT
Address: 30447 DOUBLE DR.
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: YANNIBERT JOTA GAMEZ

PD

04/15/2005

Electronic Signature of Signing Officer or Director

Date