
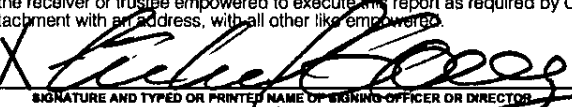


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # P05000133321		
1. Entity Name MICHAEL JOHN GOMEZ, M.D., PA		
Principal Place of Business 5815 S.W. 45TH TERRACE MIAMI, FL 33155		Mailing Address 5815 S.W. 45TH TERRACE MIAMI, FL 33155
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOMEZ, MICHAEL 5815 SW 45 TERR MIAMI, FL 33155		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PTSD	
NAME	GOMEZ, MICHAEL J	
STREET ADDRESS	7805 LOS PINOS CIRCLE	
CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE	PTSD	
NAME	GOMEZ, MICHAEL J	
STREET ADDRESS	5815 SW 45 TERR	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: 		4/13/07 (305) 742-7267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3484354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000717807
04/30/07-80062-022 150.00

**DO NOT WRITE
IN THIS SPACE**