2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P06000007281

Entity Name
 JAIME C GONZALEZ MD PA



FILED Mar 24, 2008 08:00 A Secretary of State

Principal Place of Business -- -

-- Mailing Address

265 W STATE ROAD 50

265 W STATE ROAD 50

CLERMONT . . FL, 34 34711

CLERMONT FL, 34 34711



02122008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-4103783

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JAIME C 265 W STATE ROAD 50 CLERMONT, FL 34711

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				,114	ITIIS 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 little	if applicable (NOTE: Registe	red Agent signature	e required when reinstating)	Unnonoss78747
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution				\$5.00 May Be Added to Fees	04/08/08-80053-025 150.00
10.	OFFICERS AND DIREC	CTORS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, JAIME C 265 W STATE ROAD 50 CLERMONT, FL 34711		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARD OFFICER OF PRECTO

3/19/08

Daytime Phone #