

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # 906000124488

1. Entity Name

M.A. GUTIERREZ DDS P.A.  
1303 W. FLETCHER AVENUE  
TAMPA, FL 33612



FILED

11 MAY 26 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1303 W. Fletcher Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Tampa

City & State

FL 33613

4. FEI Number

205 640304

Applied For

Not Applicable

Zip

33613

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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7. Name and Address of Current Registered Agent

Name

Alex Gutierrez

Street Address (P.O. Box Number is Not Acceptable)

1604 Haven Bend

City

Tampa

FL

Zip Code

33613

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 title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

AGUTIERREZ@

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Dr. Alex Gutierrez  
PRESIDENT

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1604 Haven Bend.  
Tampa FL 33613

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

OFF - 813-968-1611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #