


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P07000054181	
1. Entity Name GOMEZCARE, INC	

Principal Place of Business 6817 SOUTHPOINT PARKWAY SUITE 2303 JACKSONVILLE, FL 32216 US	Mailing Address 6817 SOUTHPOINT PARKWAY SUITE 2303 JACKSONVILLE, FL 32216 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01152008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOMEZ, JOSE M MD 9638 TRENDLE LANE JACKSONVILLE, FL 32257		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, JOSE M MD 9638 TRENDLE LANE JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000810662 02/08/08-80073-021 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jose Gomez, M.D.* **JOSE GOMEZ, MD** 01/30/08 (904) 332-7431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #