2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084221

Entity Name: ENEIDA GOMEZ MD PA

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

165 SOUTHPARK BLVD 165 SOUTHPARK BLVD ST AUGUSTINE, FL 32086

SUITE C

ST AUGUSTINE, FL 32086

Current Mailing Address: New Mailing Address:

165 SOUTHPARK BLVD 165 SOUTHPARK BLVD ST AUGUSTINE, FL 32086

SUITE C

ST AUGUSTINE, FL 32086

FEI Number: 26-3347708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOMEZ, ENEIDA GOMEZ, ENEIDA 165 SOÚTHPARK BLVD 165 SOUTHPARK BLVD

ST AUGUSTINE, FL 32086 US SUITE C ST AUGUSTINE, FL 32086 US

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: 04/27/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

GOMEZ, ENEIDA Name: Name: GOMEZ, ENEIDA

165 SOUTHPARK BLVD, SUITE C 165 SOUTHPARK BLVD Address: Address: City-St-Zip: ST AUGUSTINE, FL 32086 City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Ρ SIGNATURE: ENEIDA GOMEZ 04/27/2009