

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084221

Entity Name: ENEIDA GOMEZ MD PA

FILED  
Mar 26, 2012  
Secretary of State

**Current Principal Place of Business:**

1750 TREE BLVD  
SUITE 5  
ST AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

1750 TREE BLVD  
SUITE 5  
ST AUGUSTINE, FL 32084 US

**New Mailing Address:**

FEI Number: 26-3347708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOMEZ, ENEIDA  
1750 TREE BLVD  
SUITE 5  
ST AUGUSTINE, FL 32084 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GOMEZ, ENEIDA  
Address: 1750 TREE BLVD SUITE 5  
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: ENEIDA GOMEZ

P

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date