

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000051764

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** EDDUNIO GOMEZ, M.D., P.A.

**Current Principal Place of Business:**

17 NE 9TH COURT  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

17 NE 9TH COURT  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 27-0276749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOMEZ, EDDUNIO  
17 NE 9TH COURT  
HOMESTEAD, FL 33030 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, EDDUNIO  
Address: 15535 PALMETTO LAKE DRIVE  
City-St-Zip: HOMESTEAD, FL 33155

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: EDDUNIO GOMEZ

P

02/10/2012

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

\_\_\_\_\_  
Date