

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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97 AUG 21 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011957 (3)

1. Corporation Name

ALFREDO E. GONZALEZ, M.D., P.A.

Principal Place of Business

Mailing Address

6327 PINEY GLEN LN
ORLANDO, FL 32819

6327 PINEY GLEN LN
ORLANDO, FL 32819

3. Date Incorporated or Qualified
2/1/96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 201 N. LAKEMONT AVE

26

4. FEI Number

59-3369175

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 2100

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 WINTER PARK, FL

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32792-3208 25 USA

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, ALFREDO E.
6327 PINEY GLEN LN
ORLANDO, FLORIDA 32819

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GONZALEZ, ALFREDO E.
P.O. BOX 22162
LAKE BUENA VISTA, FL 32830

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change

☐ Addition

6327 Piney Glen lane
Orlando, FL 32819

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

500002273115-1
-08/27/97-01114-010
****165.00 ****165.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/97 407645-2737

108292



STERLING, HENNING & ASSOCIATES

Certified Public Accountants, P.A.

July 17, 1997

Secretary of State
Division of Corporate Annual Reports
P.O. Box 6327
Tallahassee, Florida 32314

RE: Alfredo E. Gonzalez, M.D., P.A.
Document # P96000011957

To whom it may concern,

We are writing on behalf of our above referenced client regarding a second notice they received for their 1997 Profit Corporate Annual Report. Our client filed their Annual Report with a check for \$165.00 on April 20, 1997.

After receiving this notice, I reviewed their bank statements and noticed that the payment check had not cleared the bank. I called your office and was told that you received their Annual Report and payment but returned them both due to a missing Federal Identification Number. Per your office, this was detailed in your letter number 197 A00022443. My client does not recall ever receiving this package, therefore they were unaware that there was a problem.

At the request of your office, we are resubmitting the annual report with another payment check. Given the circumstances, we ask that you accept the \$165 payment without assessing the \$385 penalty. We thank you in advance for your cooperation.

Very truly yours,


Angela R. Petrucelly, C.P.A.

Enclosures