

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 6327 PINEY GLEN LN ORLANDO, FL 32819	Mailing Address 6327 PINEY GLEN LN ORLANDO, FL 32819
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2. Principal Place of Business 21 201 N. LAKEMONT AVE Suite, Apt. #, etc. 22 SUITE 2100 City & State 23 WINTER PARK, FL Zip 24 32792-3208	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 2/1/96	3a. Date of Last Report	4. FEI Number 59-3369175	Applied For Not Applicable
Country 25 USA	Country 30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent GONZALEZ, ALFREDO E. 6327 PINEY GLEN LN ORLANDO, FLORIDA 32819		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GONZALEZ, ALFREDO E. 6327 PINEY GLEN LN ORLANDO, FLORIDA 32819		10. Name and Address of New Registered Agent			
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 _____ (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 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6327 Piney Glen lane Orlando, FL - 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500002279115-1 -08/27/97--01114--010 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition E A-25

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:  7/17/97 407645-2737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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