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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024181 (5)

JORGE W. GOMEZ, M.D., P.A.

Principal Place of Business Mailing Address 290 WEST 49TH STREET 290 WEST 49TH STREET HIALEAH FL 33012 HIALEAH FL 33012-3763 3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1996 FEL Number 2. Principal Prace of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc Suito, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes ☐ No 24 29 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GOMEZ, JORGE W M.D. 290 WEST 49TH STREET Street Address (P.O. Box Number is Not Acceptable) R2 HIALEAH FL 33012 83 84 City 85 Zio Code whoms of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 with parallel copt the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the p SIGNATURE egistered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE 1.1 TITLE Change TITLE GOMEZ, JORGE W M.D. MAMÉ 1.2 NAME 290 WEST 49TH STREET STREET ADORESS 1.3 STREET ADDRESS HIALEAH FL 33012 City - St - 7-P 1.4 CITY-ST-ZIP DELETE Addition Change Tille 21 TITLE NAME 2.2 NAME STREET ADD/4: 53 2.3 STREET ADDRESS CHY-S1-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition 3.2 NAME STREET AUDRESS 3.3 STREET ADDRESS 3.4. CITY+ST-ZIP CITY - \$1 - ZIP DELETE Change Addition 4.1 TITLE 4 2 NAME NAM: 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST- ZIP DELETE S 1 TITLE Change Addition TITLE NAME 52 NAME STREET AUDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - ZiP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY: ST- 7P 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 arrival 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

SIGNATURE:

MATURE AND TYPES OR PRINTED NAME OF SIGNI

W. GOMEZ M.D.

1/16/87 Day

FILED

Jan 28 1997 8:00am

Secretary of State

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