

FILED

Apr 21 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Montem Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P96000092352
 1. Corporation Name: Jose G Gomez, M.D. P.A.

Principal Place of Business: 5319 Grand Blvd, New Port Richey, FL 34652
 Mailing Address: 5319 Grand Blvd, New Port Richey, FL 34652

2. Principal Place of Business, 26. Mailing Address, 22. State, 27. City & State, 23. City & State, 24. Zip, 25. Country, 28. City & State, 29. Zip, 30. Country

3. Date incorporated or qualified: 11/5/96
 3a. Date of last report: N/A
 4. FEI Number: X 593411403
 5. Certificate of Status Desired: \$6.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: Gomez, Jose G, 5319 Grand Blvd, New Port Richey, FL 34652

10. Name and Address of New Registered Agent: 81. Name, 82. Street Address, 83., 84. City, 85. FL, 86. 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 607.0502, Florida Statutes.

SIGNATURE: [Signature] Signature valid in printed name of registered agent and, if applicable, in the registered agent's signature (signature required when remaining) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	Gomez, Jose G	
STREET ADDRESS	5319 Grand Blvd	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/S/T	Change	Addition
1.2 NAME	Gomez, Jose G		
1.3 STREET ADDRESS	5319 Grand Blvd		
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] President 4/8/97 (813) 848 1769
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)