

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000073528 (6)
 1. Corporation Name
FRANCISCO H. GONZALEZ M.D. P.A.



Principal Place of Business 210 SOUTH DRIVE MIAMI SPRINGS FL 33166	Mailing Address 210 SOUTH DRIVE MIAMI SPRINGS FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2455 SW 27TH AVE		2a. Mailing Address 26 19918 SW 7TH PL		3. Date Incorporated or Qualified 08/19/1997	
Suite, Apt. #, etc. 22 100		Suite, Apt. #, etc. 27		4. FEI Number 65-0775045	
City & State 23 MIAMI FL		City & State 28 PEMBROKE PINES FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33145		Zip 29 33029		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 9		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GONZALEZ, FRANCISCO H M.D. 427 BILTMORE WAY SUITE 100 CORAL GABLES FL 33166				10. Name and Address of New Registered Agent			
				81 Name GONZALEZ, FRANCISCO H. M.D.			
				82 Street Address (P.O. Box Number is Not Acceptable) 19918 SW 7TH PL			
				83			
				84 PEMBROKE PINES FL		85 Zip Code 33029	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	FRANCISCO GONZALEZ	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESIDENT			1.2 NAME			
STREET ADDRESS	19918 SW 7TH PL			1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33029			1.4 CITY-ST-ZIP			
TITLE	TREASURER/SECRETARY	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELISA G. GONZALEZ			2.2 NAME			
STREET ADDRESS	19918 SW 7TH PL			2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33029			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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: **X [Signature]** **3-15-98**

CR2E034 (10/97)