

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073528

FILED  
Jan 21, 2004  
Secretary of State

Entity Name: FRANCISCO H. GONZALEZ M.D. P.A.

**Current Principal Place of Business:**

1250 SW 27TH AVE  
SUITE 205  
MIAMI, FL 33135 US

**New Principal Place of Business:**

**Current Mailing Address:**

19918 SW 7TH PL  
PEBROKE PINE, FL 33029 US

**New Mailing Address:**

FEI Number: 65-0775045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, FRANCISCO H M.D.  
19918 S.W. 7 PL  
PEMBORKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ, FRANCISCO  
Address: 19918 SW 7TH PV  
City-St-Zip: PEMBORK PINE, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO GONZALEZ MD

PD

01/21/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date