

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078927

FILED
Jul 13, 2006
Secretary of State

Entity Name: AIMEE GONZALEZ, M.D., P.A.

Current Principal Place of Business:

1555 SAXON BOULEVARD
SUITE 201
DELTONA, FL 32725

New Principal Place of Business:

1027 TOWN CENTER DR
ORANGE CITY, FL 32763

Current Mailing Address:

1555 SAXON BOULEVARD
SUITE 201
DELTONA, FL 32725

New Mailing Address:

1027 TOWN CENTER DR
ORANGE CITY, FL 32763

FEI Number: 59-3466464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, AIMEE M.D.
1555 SAXON BLVD., STE. 201
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

GONZALEZ, AIMEE M.D.
1027 TOWN CENTER DR.
ORANGE CITY, FL 32763 US

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: AIMEE GONZALEZ

07/13/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GONZALEZ, AIMEE M.D.
Address: 1555 SAXON BLVD., SUITE 201
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GONZALEZ, AIMEE M.D.
Address: 1027 TOWN CENTER DR.
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: AIMEE GONZALEZ

D

07/13/2006

Electronic Signature of Signing Officer or Director

Date