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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000109093

1. Corporation Name

JOSE M. GOMEZ, M.D., P.A.

Principal Place of Business

Mailing Address

2661 RIVERPORT DR NORTH
JACKSONVILLE FL 32223

2661 RIVERPORT DR NORTH
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1997

4. FEI Number

59-3490626

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 7933 BAYMEADOWS WAY

2a. Mailing Address

26 2661 RIVERPORT DR. N.

Suite, Apt. #, etc.

22 3

Suite, Apt. #, etc.

27

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

Zip

24 32256

Country

25 USA

Zip

29 32223

Country

30 USA

9. Name and Address of Current Registered Agent

GOMEZ, JOSE M M.D.
2661 RIVERPORT DR NORTH
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE P ☐ DELETE

NAME GOMEZ, JOSE M MD
STREET ADDRESS 2661 RIVER PT DR N
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VP ☐ DELETE

NAME JORQUERA, ANA M
STREET ADDRESS 2661 RIVERPORT DR N
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE S ☐ DELETE

NAME GOMEZ, ALBERTO J
STREET ADDRESS 2661 RIVERPORT DR N
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE T ☐ DELETE

NAME GOMEZ, YDAISA
STREET ADDRESS 2661 RIVERPORT DR N
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE P ☐ DELETE

NAME GOMEZ, ALLAN
STREET ADDRESS 2661 RIVERPORT DR N
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 (904) 828-0017

CR2E034 (11/98)