

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 08, 2007 8:00 am
Secretary of State

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01042007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000005802	
1. Entity Name ANTONIO CELESTINO GOMES, M.D., P.A.	



Principal Place of Business 12142 MCKINNON RD WINDERMERE, FL 34786	Mailing Address 1512 S. ORANGE AVE ORLANDO, FL 32806
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2. Principal Place of Business - No P.O. Box # 6232 Crescent Moon Ct	3. Mailing Address 1720 S. Cook Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Windermere FL	City & State Orlando FL
Zip 34786	Zip 32806
Country USA	Country USA

6. Name and Address of Current Registered Agent GOMES, ANTONIO C MD 1512 S. ORANGE AVE ORLANDO, FL 32806	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1720 S. Cook Ave City Orlando FL Zip Code 32806	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Antonio C Gomes MD Director** DATE **3/5/07**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMES, ANTONIO C M.D. 12142 MCKINNON ROAD WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6232 Crescent Moon Ct Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Antonio C Gomes MD / Antonio C. Gomes MD.** DATE **3/5/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)