2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004
Secretary of State

DOCUMENT# P98000093283

Entity Name: RAFAEL M. GOMEZ, M.D., P.A.

Current Principal Place of Business:

419-A RACETRACK RD, NW
SUITE 2
FORT WALTON BEACH, FL 325474612

New Principal Place of Business:

907 MAR WALT DR
SUITE 2011
FORT WALTON BEACH, FL 325474612

Current Mailing Address:

419-A RACETRACK RD, NW
SUITE 2
FORT WALTON BEACH, FL 325474612

New Mailing Address:

PO BOX 863
SHALIMAR, FL 325790863

FEI Number: 59-3524553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, RAFAEL M M.D.
419-A RACETRACK RD, NW
SUITE 2
FORT WALTON BEACH, FL 325474612

Name and Address of New Registered Agent:

GOMEZ, RAFAEL M M.D.
907 MAR WALT DR
SUITE 2011
FORT WALTON BEACH, FL 325474612

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: RAFAEL M GOMEZ MD PA 03/15/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOMEZ, RAFAEL M MD
Address: 419 A RACETRACK RD.SUITE 2
City-St-Zip: FT. WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOMEZ, RAFAEL M MD
Address: 907 MAR WALT DR SUITE 2011
City-St-Zip: FT. WALTON BEACH, FL 32547

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: RAFAEL M GOMEZ MD PA P 03/15/2004
Electronic Signature of Signing Officer or Director Date