

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90002 032 ***550.00

DOCUMENT # P99000010028

1. Entity Name
TARA L. GONZALEZ, M.D., P.A.



Principal Place of Business
5528 N DAVIS HWY
BLDG H
PENSACOLA, FL 32503

Mailing Address
5528 N DAVIS HWY
BLDG H
PENSACOLA, FL 32503

24076969

(P99000010028P)

2. Principal Place of Business

4220 N. Davis Hwy
Suite, Apt. #, etc.
Bldg A Ste 200

3. Mailing Address

4220 N. Davis Hwy
Suite, Apt. #, etc.
Bldg A Ste 200

04252004 Chg-P CR2E034 (10/03)

City & State
Pensacola FL

City & State
Pensacola FL

4. FEI Number

59-3557429

Applied For

Not Applicable

Zip
32503

Country

Zip
32503

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALES, TARA
5528 N DAVIS HWY BLDG H
PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name
Tara Gonzales
Street Address (P.O. Box Number is Not Acceptable)
4220 N. Davis Hwy
Bldg A Ste 200
City
Pensacola FL Zip Code
32503

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GONZALES, TARA L M.D.
STREET ADDRESS 1099 CHANDELLE LAKES BLVD
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #