

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00
Secretary of State

DOCUMENT # P99000010028

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



Principal Place of Business
4220 N. DAVIS HWY
BLDG. A, SUITE 200
PENSACOLA, FL 32503 US

Mailing Address
4220 N. DAVIS HWY
BLDG. A, SUITE 200
PENSACOLA, FL 32503 US



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3557429	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GONZALES, TARA
4220 N. DAVIS HWY
BLDG. A, SUITE 200
PENSACOLA, FL 32503

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME	GONZALES, TARA L M.D.
STREET ADDRESS	1099 CHANDELLE LAKES BLVD
CITY-ST- ZIP	PENSACOLA, FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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03/14/07-80010-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #