2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00201

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

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3370 BURNS RD 4290 PROFESSIONAL CENTER DRIVE

SUITE 200 SUITE 105

PLM BCH GARDENS, FL 33410 US PLM BCH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

3370 BURNS RD 4290 PROFESSIONAL CENTER DRIVE SUITE 105 SUITE 200

PLM BCH GARDENS, FL 33410 US PLM BCH GARDENS, FL 33410 US

FEI Number: 65-0233502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOMEZ, HELDO J MD 3370 BÚRNS RD STE 200

PALM BEACH GARDENS, FL 33410 US

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GOMEZ, HELDO J MD Name: Name: GOMEZ, HELDO J MD

3370 BURNS RD STE 200 Address: 4290 PROFESSIONAL CENTER DR #105 Address:

City-St-Zip: PALM BCH GARDENS, FL City-St-Zip: PALM BCH GARDENS, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HELDO GOMEZ **PRES** 04/14/2009