


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90485 011 \*\*\*150.00

<b>DOCUMENT # S49497</b>	
1. Entity Name <b>JOSE RAFAEL GONZALEZ, M.D., P.A.</b>	

Principal Place of Business <b>1022 S. FLORIDA AVE. 197 DOUGANVILLE P.O. BOX 560647 ROCKLEDGE, FL 32955</b>	Mailing Address <b>4163 SPARROW HAWK RD MELBOURNE, FL 32934 197 DOUGANVILLE DR ROCKLEDGE FL</b>
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**94066290**

2. Principal Place of Business <b>197 DOUGANVILLE DR</b>	3. Mailing Address <b>197 DOUGANVILLE DR</b>
Suite, Apt. #, etc. <b>ROCKLEDGE</b>	Suite, Apt. #, etc.
City & State <b>FLA.</b>	City & State <b>ROCKLEDGE, FL</b>
Zip <b>32955</b>	Country
Zip <b>32955</b>	Country



04232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>GONZALEZ, JOSE R 4163 SPARROW HAWK RD. 197 DOUGANVILLE DR MELBOURNE, FL 32934</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, JOSE R M.D. 197 DOUGANVILLE DR ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 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:** \_\_\_\_\_ **4/23/04** **321-636-6884**

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