

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V60824 (2)**

1. Corporation Name

**MANUEL GONZALEZ-PEREZ, M.D., P.A.**



Principal Place of Business

Mailing Address

**3923 ROSEWOOD WAY  
ORLANDO, FL 32808**

**3923 ROSEWOOD WAY  
ORLANDO, FL 32808**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GONZALEZ, MANUEL, M.D.  
3923 ROSEWOOD WAY  
ORLANDO FL 32808**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**09/01/1992**

3a. Date of Last Report

**05/11/1995**

4. FEI Number

**59-3139258**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of registered agent or registered agent in charge

Signature of President or Director

Date

12. OFFICERS AND DIRECTORS

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE          | <b>D</b>                                | <input type="checkbox"/> DELETE |
| NAME           | <b>GONZALEZ, MANUEL</b>                 |                                 |
| STREET ADDRESS | <b>3923 ROSEWOOD <del>AVE</del> WAY</b> |                                 |
| CITY-STATE-ZIP | <b>ORLANDO FL 32808</b>                 |                                 |
| TITLE          |   | <input type="checkbox"/> DELETE |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-STATE-ZIP |   |                                 |
| TITLE          |   | <input type="checkbox"/> DELETE |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-STATE-ZIP |   |                                 |
| TITLE          |   | <input type="checkbox"/> DELETE |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-STATE-ZIP |   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-STATE-ZIP |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-STATE-ZIP |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-STATE-ZIP |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-STATE-ZIP |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-STATE-ZIP |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-STATE-ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual 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 manager or partner empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an alternate line without a check.

SIGNATURE: *Manuel Gonzalez* PRESIDENT

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (407) 578-8030

Date of Filing

CR2E034 (12/95)