


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # V60824
 1. Entity Name
 MANUEL GONZALEZ-PEREZ, M.D., P.A.



Principal Place of Business
 3222 DADE AVENUE
 ORLANDO, FL 32804

Mailing Address
 3222 DADE AVENUE
 ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3139258

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 GONZALEZ, MANUEL, M.D.
 3222 DADE AVENUE
 ORLANDO, FL 32804

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, MANUEL
STREET ADDRESS	3222 DADE AVENUE
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Manuel Gonzalez-Perez, M.D.* 4/25/05 407 895-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #