


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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



Principal Place of Business 631 PALM SPRINGS DRIVE SUITE 108 ALTAMONTE SPRINGS, FL 32701	Mailing Address 631 PALM SPRINGS DRIVE SUITE 108 ALTAMONTE SPRINGS, FL 32701
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DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3139258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GONZALEZ PEREZ, MANUEL MD
 631 PALM SPRINGS DRIVE, SUITE 108
 ALTAMONTE SPRINGS, FL 32701

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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR GONZALEZ, MANUEL 3222 DADE AVENUE ORLANDO, FL 32804
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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 6 or Block 7 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Manuel Gonzalez Perez* DATE: 04/22/08 DAYTIME PHONE: (321) 594-5801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR