

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V60824

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** MANUEL GONZALEZ-PEREZ, M.D., P.A.

**Current Principal Place of Business:**

631 PALM SPRINGS DRIVE  
SUITE 108  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

631 PALM SPRINGS DRIVE  
SUITE 108  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 59-3139258      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GONZALEZ PEREZ, MANUEL MD  
631 PALM SPRINGS DRIVE, SUITE 108  
ALTAMONTE SPRINGS, FL 32701 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: GONZALEZ, MANUEL  
Address: 3222 DADE AVENUE  
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: GONZALEZ, MANUEL

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DR

04/19/2012

\_\_\_\_\_ Date