

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G51028

**Entity Name:** FRANCISCO B. GOMES, M.D., P.A.

**Current Principal Place of Business:**

4221 NORTH HIMES  
TAMPA, FL 33607

**FILED**  
**Jan 26, 2013**  
**Secretary of State**  
**CC2936248146**

**Current Mailing Address:**

P O BOX 18126  
TAMPA, FL 33679-8126

**FEI Number: 59-2307723**

**Certificate of Status Desired: No**

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

GOMES, FRANCISCO BDR  
4221 N HIMES  
TAMPA, FL 33607 US

*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

**Officer/Director Detail :**

Title PA  
Name GOMES, FRANCISCO BMD  
Address 730 SUNSET COVE  
City-State-Zip: MADEIRA BEACH FL 33708

*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: FRANCISCO B GOMES MD**

**MD**

**01/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date