

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085924

Entity Name: GONZALO A GONZALEZ, M.D., P.A.

Current Principal Place of Business:

1653 SUN CITY CENTER
STE. 1002
SUN CITY CENTER, FL 33573

Current Mailing Address:

P.O. BOX 2179
BRANDON, FL 33509-2179

FEI Number: 59-3671578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMOS, JOSE S
2344 CRESTOVER LANE
WESLEY CHAPEL, FL 33544 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: JOSE S RAMOS

01/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name GONZALEZ, GONZALO A
Address 440 LUCEANE AVENUE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name GONZALEZ, ANNIE T
Address 1653 SUN CITY CENTER
STE. 1002
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name GONZALEZ, ISABELLE
Address 1653 SUN CITY CENTER
STE. 1002
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name GONZALEZ, MICHELLE
Address 1653 SUN CITY CENTER
STE. 1002
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name GONZALEZ, JOANNIE M
Address 1653 SUN CITY CENTER
STE. 1002
City-State-Zip: SUN CITY CENTER FL 33573

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: GONZALO GONZALEZ

PRESIDENT

01/11/2016

Electronic Signature of Signing Officer/Director Detail

Date