

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000085924

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

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC4297893770**

**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**

**01/10/2017**

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 A GONZALEZ**

**PRESIDENT**

**01/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date