

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000019086

**Entity Name:** FIOL & GOMEZ, P.A.

**Current Principal Place of Business:**

1515 NORTH MARION STREET  
1ST FLOOR  
TAMPA, FL 33602

**Current Mailing Address:**

1515 NORTH MARION STREET  
1ST FLOOR  
TAMPA, FL 33602

**FEI Number:** 01-0610949

**Certificate of Status Desired:** No

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

CHRISTALDI, RONALD A  
101 E KENNEDY BLVD, STE 2800  
TAMPA, FL 33602 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 P  
Name GOMEZ, LEO  
Address 3208 HARBORVIEW AVE.  
City-State-Zip: TAMPA FL 33611

Title VP  
Name FIOL, ALEJANDRO  
Address 17502 OSPREY MANOR WAY  
City-State-Zip: LITHIA FL 33547

*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:** ALEJANDRO FIOL

**VICE PRESIDENT**

**02/10/2014**

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

\_\_\_\_\_  
Date