

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000021691

**Entity Name:** MARIO GOMEZ M.D., P.A.

**Current Principal Place of Business:**

925 NE 30TH TERRACE  
300  
HOMESTEAD, FL 33033

**Current Mailing Address:**

8775 SW 164TH ST  
PALMETTO BAY, FL 33157 US

**FEI Number:** 27-2109730

**Certificate of Status Desired:** No

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

GOMEZ, MARIO A  
8775 SW 164TH ST  
PALMETTO BAY, FL 33157 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, MARIO A  
Address 8775 SW 164TH ST  
City-State-Zip: PALMETTO BAY FL 33157

Title VP  
Name GOMEZ, BLEYDYNES B  
Address 8775 SW 164TH ST  
City-State-Zip: PALMETTO BAY FL 33157

*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:** MARIO GOMEZ

**PRESIDENT**

**02/04/2013**

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

\_\_\_\_\_  
Date