

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000028618

**Entity Name:** JULIO ANDRES GONZALEZ PAOLI, M.D., CORP.

**Current Principal Place of Business:**

404 BOSPHOROUS AVENUE  
TAMPA, FL 33606

**Current Mailing Address:**

404 BOSPHOROUS AVENUE  
TAMPA, FL 33606

**FEI Number:** 81-2353657

**Certificate of Status Desired:** No

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

RAMOS, JOSE S  
2344 CRESTOVER LN  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GONZALEZ, JULIO A  
Address 404 BOSPHOROUS AVENUE  
City-State-Zip: TAMPA FL 33606

Title ST  
Name RODRIGUEZ, MAITE I  
Address 404 BOSPHOROUS AVENUE  
City-State-Zip: TAMPA FL 33606

*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:** JULIO A GONZALEZ

**PRESIDENT**

**03/31/2017**

Electronic Signature of Signing Officer/Director Detail

Date