

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000011957

**Entity Name:** ALFREDO E. GONZALEZ, M.D., P.A.

**Current Principal Place of Business:**

201 N LAKEMONT AVE  
SUITE 800  
WINTER PARK, FL 32792-3208

**Current Mailing Address:**

201 N LAKEMONT AVE  
SUITE 800  
WINTER PARK, FL 32792-3208 US

**FEI Number:** 59-3369175

**Certificate of Status Desired:** No

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

GONZALEZ, ALFREDO E  
201 N LAKEMONT AVE  
STE 800  
WINTER PARK, FL 32792 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 GONZALEZ, ALFREDO E  
Address 201 N LAKEMONT AVE SUITE 800  
City-State-Zip: WINTER PARK FL 32792

*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:** ALFREDO E. GONZALEZ, M.D.

**PRESIDENT**

**03/20/2013**

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

\_\_\_\_\_  
Date