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**Feb 03 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000074034 (6)**

1. Corporation Name  
**PABLO GONZALEZ AND FRANCISCO SOSA, M.D., P.A.**



Principal Place of Business  
**1701 S.E. HILLMMOR, SUITE 18  
PORT ST. LUCIE FL 34952**

Mailing Address  
**1701 S.E. HILLMMOR, SUITE 18  
PORT ST. LUCIE FL 34952-7541**

3. Date Incorporated or Qualified  
**09/25/1995**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**65-0608798**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

**9. Name and Address of Current Registered Agent**  
**GONZALEZ, PABLO M.D.  
1701 S.E. HILLMMOR, SUITE 18  
PORT ST. LUCIE FL 34952**

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE  DELETE  
NAME **D GONZALEZ, PABLO M.D.**  
STREET ADDRESS **1211 S.W. LIVE OAK COVE**  
CITY - ST - ZIP **PORT ST. LUCIE FL 34988**

TITLE  DELETE  
NAME **D SOSA, FRANCISCO M.D.**  
STREET ADDRESS **648 S.W. PALMETTO COVE**  
CITY - ST - ZIP **PORT ST. LUCIE FL 34988**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE** *Francisco Sosa* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/97 (561) 337-4000**  
Date Daytime Phone #

CR2E034 (9/96)