

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90131 049 ***150.00

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1. Entity Name
C.F. GONZALEZ, M.D., P.A.

Principal Place of Business 7989 S SUNCOAST BLVD HOMOSASSA FL 34446	Mailing Address P.O. BOX 1940 HOMOSASSA SPRINGS FL 34447-1940
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7989 S. SUNCOAST BLVD	3. Mailing Address PO BOX 1940
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HOMOSASSA, FL	City & State HOMOSASSA SPG., FL
Zip 34446	Zip 34447
Country USA	Country USA

4. FEI Number **59-3290127** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, CARLOS F
 286 N.W. MAGNOLIA CIRCLE
 CRYSTAL RIVER FL 34428**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 **CARLOS F. GONZALEZ** DATE **3-13-00**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PSTD			<input type="checkbox"/>	<input type="checkbox"/>
	GONZALEZ, CARLOS F	286 NW MAGNOLIA CIRCLE	CRYSTAL RIVER FL 34428	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CARLOS F. GONZALEZ** DATE **3-13-00** DAYTIME PHONE # **352-382-2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)