

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90055 002 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 602449 1. Entity Name CORNELIO A. GOROSPE, M.D., P.A.				4. FEI Number 59-1301885 Applied For <input type="checkbox"/> Not Applicable																																																	
Principal Place of Business 3599 UNIVERSITY BLVD., SOUTH SUITE 504 JACKSONVILLE FL 32216		Mailing Address 3599 UNIVERSITY BLVD., SOUTH SUITE 504 JACKSONVILLE FL 32216		DO NOT WRITE IN THIS SPACE																																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																			
City & State		City & State																																																			
Zip Country		Zip Country																																																			
6. Name and Address of Current Registered Agent GOROSPE, CORNELIO A 3599 UNIVERSITY BLVD SUITE 504 JACKSONVILLE FL				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">11. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 30%; padding: 2px;"> P GOROSPE, CORNELIO A. 3599 UNIVERSITY BLVD JACKSONVILLE, FL 00000 </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 30%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 30%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width: 10%; padding: 2px;"></td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td style="padding: 2px;"></td></tr> </table>						11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOROSPE, CORNELIO A. 3599 UNIVERSITY BLVD JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Cornelio A. Gorospe, M.D.</u> 1/4/2001 904-399-0451 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																					

CR2E034 (10/00)