2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90277 019 ***150.00

DOCUMENT # 603097

1. Entity Name
JOSE RAMON JIMENEZ M.D., PROFESSIONAL ASSOCIATIO

Principal Place of Business	Mailing Address
19 MACCLENNY AVE W. P.O.BOX 927 MACCLENNY FL 32063	19 MACCLENNY AVE W. P.O.BOX 927 MACCLENNY FL 32063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
31 SOUTH 5TH STREET	31 SOUTH 5TH STREET
Suite, Apt. #, etc.: P O BOX 927	Suite, Apt. #, etc.: P O BOX 927
City & State: MACCLENNY, FL	City & State: MACCLENNY, FL
Zip: 32063 Country: USA	Zip: 32063 Country: USA

4. FEI Number 59-1417520 ☐ 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
JIMENEZ, JOSE RAMON 19 MACCLENNY AVE., W. MACCLENNY FL 32063	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) ☑

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. ☐ **$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	PD JIMENEZ, JOSE RAMON 19 MACCLENNY AVE., W., P. O. BOX 927 N/A MACCLENNY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: JOSE RAMON JIMENEZ, M.D. 4-20-01 (904)259-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #