

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603097

1. Entity Name

JOSE RAMON JIMENEZ M.D., PROFESSIONAL ASSOCIATIO

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90277 019 ***150.00

Principal Place of Business

19 MACCLENNY AVE W.
P.O.BOX 927
MACCLENNY FL 32063

Mailing Address

19 MACCLENNY AVE W.
P.O.BOX 927
MACCLENNY FL 32063

2. Principal Place of Business

31 SOUTH 5TH STREET

Suite, Apt. #, etc.

P O BOX 927

City & State
MACCLENNY, FL

Zip

32063

Country

USA

3. Mailing Address

31 SOUTH 5TH STREET

Suite, Apt. #, etc.

P O BOX 927

City & State
MACCLENNY, FL

Zip

32063

Country

USA



DO NOT WRITE IN THIS SPACE

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

JIMENEZ, JOSE RAMON
19 MACCLENNY AVE., W.
MACCLENNY FL 32063

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

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

TITLE PD
NAME JIMENEZ, JOSE RAMON ☐ Delete
STREET ADDRESS 19 MACCLENNY AVE., W., P. O. BOX 927 N/A
CITY-ST-ZIP MACCLENNY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

(904) 259-2266

Daytime Phone //

CR2E034 (10/00)