

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90034 014 ***150.00

DOCUMENT # 603928

1. Entity Name

CARLOS 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**

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 34447

Zip

34446

Country

CITRUS

Zip

34447

Country

019245

4. FEI Number

59-1425832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

3.20.01

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 **PSTD** ☐ Delete
NAME **GONZALEZ, CARLOS F**
STREET ADDRESS **286 NW MAGNOLIA CIRCLE**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.20.01 352 382 8282

CR2E034 (10/00)