

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90035 026 \*\*\*150.00

**DOCUMENT # G51028**

1. Entity Name  
**FRANCISCO B. GOMES, M.D., P.A.**

Principal Place of Business <b>14502 N DALE MABRY          SUITE #302          TAMPA FL 33618-2072          US</b>	Mailing Address <b>14502 NORTH DALE MABRY          SUITE 302          TAMPA FL 33618-2072</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4144 N. ARMENIA AVE          Suite, Apt., etc. #265</b>	3. Mailing Address <b>4144 N. ARMENIA AVE          Suite, Apt., etc. #265</b>
City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>
Zip <b>33607</b>	Country <b>USA</b>

4. FEI Number **59-2307723** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**SANFORD, BLAIN  
 14502 N. DALE MABRY  
 #302  
 TAMPA FL 33618**

7. Name and Address of New Registered Agent  
 Name **DR. FRANCISCO B. GOMES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4144 N. ARMENIA AVE. #265**  
 City **TAMPA, FL** Zip Code **33607**

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]** DATE **3/8/2000**  
Signature, Name and printed name of registered agent and date (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.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMES, FRANCISCO B MD 17940 GULF BOULEVARD #9-A REDINGTON SHORES FL 33708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]** DATE **3/8/2000** (813) 874-7217  
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT, OFFICER OR DIRECTOR

CR2E034 (9/99)