

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State
 02-20-2001 90044 019 ***150.00

DOCUMENT # G51028

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

Principal Place of Business
4144 NORTH ARMENIA AVENUE
#265
TAMPA FL 33607
US

Mailing Address
4144 NORTH ARMENIA AVENUE
#265
TAMPA FL 33607
US

2. Principal Place of Business
3508 N. ARMENIA AVE
 Suite, Apt. #, etc.

3. Mailing Address
3508 N. ARMENIA AVENUE
 Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33607

Country
USA

Zip
33607

Country
USA

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

7. Name and Address of New Registered Agent

GOMES, FRANCISCO B DR
4144 NORTH ARMENIA AVENUE #265
TAMPA FL 33607

Name
 Street Address (P.O. Box Number is Not Acceptable)
3508 N. ARMENIA AVENUE
 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 **FRANCISCO B. GOMES, M.D., P.A.** DATE **2/7/01**
Signature, typed or printed name of registered agent and title 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. ☐
 (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 **\$5.00 May Be**
 Trust Fund Contribution: ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **GOMES, FRANCISCO B MD**
 STREET ADDRESS **17940 GULF BOULEVARD #9-A**
 CITY-ST-ZIP **REDINGTON SHORES FL 33708**

TITLE
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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: **FRANCISCO B. GOMES, M.D., P.A.** DATE **2/7/01** DAYTIME PHONE # **(813) 8747277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)