

**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 <b>4144 NORTH ARMENIA AVENUE</b> <b>#265</b> <b>TAMPA FL 33607</b> <b>US</b>	Mailing Address <b>4144 NORTH ARMENIA AVENUE</b> <b>#265</b> <b>TAMPA FL 33607</b> <b>US</b>
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624732



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3508 N. ARMENIA AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>3508 N. ARMENIA AVENUE</b> Suite, Apt. #, etc.
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City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>
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4. FEI Number <b>59-2307723</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33607</b>	Country <b>USA</b>	Zip <b>33607</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 Trust Fund Contribution:  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

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