

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H66702

1. Entity Name
E.A. ORDONEZ, M.D., P.A.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90277 031 ***150.00

Principal Place of Business

1268 WEST EDGEWOOD AVE.
SUITE 3
JACKSONVILLE FL 32208
US

Mailing Address

1268 WEST EDGEWOOD AVE.
SUITE 3
JACKSONVILLE FL 32208
US

00037620



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

605B San Jose Blvd
Suite, Apt. #, etc.
Jacksonville, Florida
City & State

3. Mailing Address

605B San Jose Blvd
Suite, Apt. #, etc.
Jacksonville
City & State
Florida

4. FEI Number 59-2554163

Applied For
Not Applicable

Zip 32217

Country U.S.

Zip 32217

Country U.S.

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

ORDONEZ, E.A.
1268 EDGEWOOD AVE. W.
SUITE #3
JACKSONVILLE FL 32208

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

E.A. Ordonez MD PA President

Signature, typed or printed name of registered agent and title, 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 ORDONEZ, E.A.
STREET ADDRESS 1268 EDGEWOOD AVE. W., SUITE 3
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

E.A. Ordonez MD PA President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01
Date

804 448-1414
Daytime Phone #

CR2E034 (10/00)