

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90190 003 \*\*\*150.00

**DOCUMENT # H66702**

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



Principal Place of Business  
**6856 ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32217  
US**

Mailing Address  
**6856 ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32217  
US**

2. Principal Place of Business  
**4428-30 Hendricks Av**

Suite, Apt. #, etc.  
**Jacksonville, FL.**

City & State

3. Mailing Address  
**4428-30 Hendricks Ave**

Suite, Apt. #, etc.  
**Jacksonville, FL**

City & State

Zip  
**32207**

Country  
**DUAL**

Zip  
**32207**

Country  
**DUAL**

4. FEI Number  
**59-2554163**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**ORDONEZ, E.A. MD, P.A.  
6856 ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32217**

## 7. Name and Address of New Registered Agent

Name  
**ORDONEZ, E.A. M.D., P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**4428-30 Hendricks Ave**

City **Jacksonville** **FL** Zip Code **32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-21-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
**PD** ☐ Delete  
NAME  
**ORDONEZ, E.A.**  
STREET ADDRESS  
**6856 ST. AUGUSTINE ROAD**  
CITY-ST-ZIP  
**JACKSONVILLE FL 32217**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 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 #

**4-21-03 (904) 448-1414**

CR2E034 (10/02)