

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J35374**

1. Entity Name

MARIA R. GOME, M.D., P.A.

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90044 012 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
302 NO DALE MABRY TAMPA FL 33609 US		302 NO DALE MABRY TAMPA FL 33609 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-2731275	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARIA R. GOMEZ, MD
302 N. DALE MABRY AVENUE
TAMPA FL 33609

Name

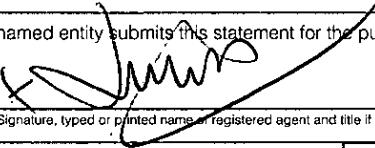
Street Address (P.O. Box Number is Not Acceptable)

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 

Signature, typed or printed name of registered agent and title if 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, 2002 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	<input type="checkbox"/> Delete
NAME	GOMEZ, MARIA R., M.D.	
STREET ADDRESS	302 N. DALE MABRY HIGHWAY	
CITY-ST-ZIP	TAMPA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	

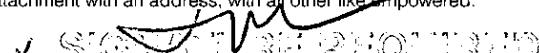
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)