

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90177 029 ***150.00

DOCUMENT # J77571

1. Entity Name

REHABILITATION MEDICINE ASSOCIATES -OSCAR B. DEP

Principal Place of Business

Mailing Address

4881 NW 8 AVE.
SUITE 2
GAINESVILLE FL 32605
US

P O BOX 7010
GAINESVILLE FL 32605-7010
US

UUUU4044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 357010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2819741

Applied For

Not Applicable

Zip

Country

Zip

32635

Country

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

DEPAZ, OSCAR B. M.D.
4881 NW 8TH AVE
STE 2
GAINESVILLE FL 32607

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **DEPAZ, OSCAR B**
STREET ADDRESS **4881 NW 8 AVE., STE 2**
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **S** ☐ Delete
NAME **HUNTER, OREGON K**
STREET ADDRESS **4881 NW 8TH AVE STE 2**
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **S** ☐ Delete
NAME **PUENTE-GUZMAN, RIGOBERTO MD**
STREET ADDRESS **4881 NW 8TH AVE #2**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☒ Change ☐ Addition
NAME **PUENTE-GUZMAN, RIGOBERTO MD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED OSCAR B. DEPAZ MD

Date

Daytime Phone #

01/10/00 352-3734321

CR2E034 (9/99)