

2001 UNIFORM BUSINESS REPORT-(UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-10-2001 90186 011 ***150.00

DOCUMENT # P00000033031

1. Entity Name
JOSE L. ROMAN, M.D., P.A.

Principal Place of Business Mailing Address
9401 S.W. HIGHWAY 200 #501 **9401 S.W. HIGHWAY 200 #501**
OCALA FL 34481 **OCALA FL 34481**

NEW ADDRESS EFFECTIVE MARCH 1, 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
9850 SW 84th Ct.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
100-300
 City & State City & State
OCALA, FL
 Zip Country Zip Country
34481 **U.S.A.**
U.S.A.

4. FEI Number Applied For
59-3638547 Not Applicable

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

6. Name and Address of Current Registered Agent
BLANCHARD, DOCK A. ESQ.
4 S.E. BROADWAY
OCALA FL 34471

7. Name and Address of New Registered Agent
 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 _____ (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.

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	D	<input type="checkbox"/> Delete
NAME	ROMAN, JOSE L M.D.	
STREET ADDRESS	9401 S.W. HIGHWAY 200 #501	
CITY-ST-ZIP	OCALA FL 34481	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/28/01** Daytime Phone #: **(352) 237-6444**

CR2E034 (10/00)