

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
 OCALA FL 34481**

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 OCALA FL 34481**

NEW ADDRESS EFFECTIVE MARCH 1, 2001

2. Principal Place of Business

9850 SW 84TH CT.

3. Mailing Address

Suite, Apt. #, etc.

100 - 300

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

Zip **34481**

Country

U.S.A.

Zip

Country

4. FEI Number

59-3638547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



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

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, 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
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TITLE		<input type="checkbox"/> Delete
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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
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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

5/28/21 (352) 237-6444
 Date Daytime Phone

CR2034 (10/00)