

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000038561**

1. Entity Name

MIGUEL E. GONZALEZ, M.D., P.A.

Principal Place of Business

6720 TAFT ST.
HOLLYWOOD FL 33024

Mailing Address

6720 TAFT ST.
HOLLYWOOD FL 33024

2. Principal Place of Business

6720 Taft St

Suite, Apt. #, etc.

3. Mailing Address

6720 Taft St

Suite, Apt. #, etc.

City & State

Hollywood

City & State

FL 33024

4. FEI Number

65-1043406

Applied For

Not Applicable

Zip

33024

Country

Broward

Zip

33024

Country

Broward

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

6. Name and Address of Current Registered Agent

GONZALEZ, MIGUEL E
6720 TAFT ST.
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

Same

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Chairman	☐ Delete
NAME	Mario P. Gonzalez	
STREET ADDRESS	6720 Taft St	
CITY-ST-ZIP	Hollywood FL 33024	

TITLE	President	☐ Delete
NAME	Miguel E. Gonzalez	
STREET ADDRESS	6720 Taft St	
CITY-ST-ZIP	Hollywood FL 33024	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE		☐ Change ☐ Addition
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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 supplement 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

President

7-20-01

Date

954-9640070

Daytime Phone

CR2E034 (10/00)

207

MIGUEL E. GONZALEZ, M.D.
Diplomate American Board of Internal Medicine
6720 Taft St.
Hollywood, FL 33024
Telephone: (954) 964-7307
(954) 964-0070

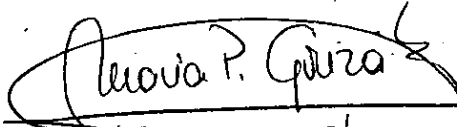
10-12-01

Document # P00000038561

Dear Sirs:

We have received a notice of dissolution and
after my conversation with your office we came to
the realization that even though the check for
\$550.00 was on file, the response to your letter
sent on July 9th 2001 was not. That letter
requested the list of the officers of the corporation.
I am sending you the copy of our answer to
that letter that it seems was never received. Please
let us know if everything is correct now.

Thank you :


vicepresident