7/6/01-90207-030-$550.00-$550.00

102

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038561

1. Entity Name

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

FILED

01 NOV 15 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6720 TAFT ST. HOLLYWOOD FL 33024	6720 TAFT ST. HOLLYWOOD FL 33024

2. Principal Place of Business	3. Mailing Address
6720 Taft st	6720 Taft st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood	City & State: Fl 33024
Zip: 33024 / Country: Broward	Zip: 33024 / Country: Broward

4. FEI Number 65-1043406 ☐ Applied For ☐ Not Applicable

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Vicepresident	☐ Delete
NAME	Maria 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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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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: ______ president 7-20-01 954-9640070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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 come 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:

Nancy P. Garza
vicepresident