

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
 01-31-2001 90064 018 ***150.00

DOCUMENT # P00000072698

1. Entity Name

JORGE R. GUZMAN, M.D., P.A.

Principal Place of Business

**12861 DEVONSHIRE LAKES CIRCLE
 FORT MYERS FL 33913**

Mailing Address

**12861 DEVONSHIRE LAKES CIRCLE
 FORT MYERS FL 33913**

00011233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3501 HEALTH CENTER BLVD

3. Mailing Address

3501 HEALTH CENTER BLVD

Suite, Apt. #, etc.

2160

Suite, Apt. #, etc.

2160

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS FL

4. FEI Number

65-1027528

Applied For

Not Applicable

Zip

34135

Country

USA

Zip

34135

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GUZMAN, JORGE R MD
 12861 DEVONSHIRE LAKES CIRCLE
 FORT MYERS FL 33913**

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	GUZMAN, JORGE R MD	
STREET ADDRESS	12861 DEVONSHIRE LAKES CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, NELLY MD	
STREET ADDRESS	12861 DEVONSHIRE LAKES CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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		
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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:

JORGE R GUZMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/01

941-948-4470

CR2E034 (10/00)