

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/16/2003-90005-025-\$550.00-\$550.00

DOCUMENT # P02000038310

1. Entity Name
LOPEZ INTERNAL MEDICINE ASSOCIATES, INC.



03 SEP 25 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5113 HARBOR POINT CIRCLE
JACKSONVILLE FL 32210

Mailing Address
5113 HARBOR POINT CIRCLE
JACKSONVILLE FL 32210

2. Principal Place of Business
4250 Lakeside Dr

3. Mailing Address

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

4. FEI Number
43-1957438

Applied For
Not Applicable

Zip
32210

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name
Stephen E. Tilley, CPA, PA

Street Address (P.O. Box Number is Not Acceptable)
4465 Baymeadows Rd.

Suite 3

City
Jacksonville

FL

Zip Code
32217

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOPEZ, ALBERT DR.
5113 HARBOR POINT CIRCLE
JACKSONVILLE FL 32210

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)