

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

033464 AV

DOCUMENT # P94000080384

1. Entity Name
JEAN S. GORDON, M.D., P.A.



FILED
ONLINE
40381
AUG -8 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4900 N. OCEAN BLVD.
APT. 1712
FT. LAUDERDALE FL 33308

Mailing Address
4900 N. OCEAN BLVD.
APT. 1712
FT. LAUDERDALE FL 33308



07-14-03 90326 042 \$150.00
☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0565955

Applied For
Not Applicable

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

GORDON, JEAN S M.D.
4900 N. OCEAN BLVD.
APT. 1712
FT. LAUDERDALE FL 33308

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
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
GORDON, JEAN S MD
4900 N OCEAN BLVD 1712
FT LAUDERDALE FL ☐ Delete

TITLE
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☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-911-1275

CR2E034 (10/02)

**Jean S. Gordon, M.D., P.A.
4900 N. Ocean Blvd., #1712
Ft. Lauderdale, FL 33308
(954) 941-1275**

August 4, 2003

**Sean Toner
Senior Section Administrator
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314**

RE: 2003 UBR filing P94 000080384

I have enclosed the completed paper copy of my report since the electronic filing failed on April 30. I previously sent a check to cover the \$150.00 which was cashed on 7/14/2003 (copy enclosed). This should satisfy all my requirements for 2003 UBR filing. Please contact me if there are further issues to be resolved.

Sincerely,



Jean S. Gordon, M.D.