

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051079

1. Entity Name

QUINTANA OB-GYN SERVICES, P.A.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90196 032 ***150.00

Principal Place of Business

6400 NEWBERRY RD
207
GAINESVILLE FL 32605
US

Mailing Address

6400 NEWBERRY RD
207
GAINESVILLE FL 32605
US

2. Principal Place of Business

6400 NEWBERRY RD.
Suite, Apt. #, etc.
#206

3. Mailing Address

6400 NEWBERRY RD.
Suite, Apt. #, etc.
#206



DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3321889

Applied For

Not Applicable

Zip

32605

Country

Zip

32605

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, JOSE R
6400 NEWBERRY RD
207
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name

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

6400 NEWBERRY RD #206

City

GAINESVILLE FL

FL

Zip Code

32605

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 ☐ Delete
NAME P
STREET ADDRESS QUINTANA, JOSE R MD
CITY-ST-ZIP 6400 NEWBERRY RD, 207
GAINESVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6400 NEWBERRY RD #206
CITY-ST-ZIP GAINESVILLE FL 32605

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

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

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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01

352 331 5982

Date

Daytime Phone #

CR2E034 (10/00)