

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91529 016 ***150.00

DOCUMENT # P95000051079

1. Entity Name

QUINTANA OB-GYN SERVICES, P.A.

Principal Place of Business

6400 NEWBERRY RD

#206

GAINESVILLE FL 32605

US

Mailing Address

6400 NEWBERRY RD

#206

GAINESVILLE FL 32605

US

2. Principal Place of Business

1717 Sw newland way

Suite, Apt. #, etc.

Lake City

City & State

FL

Zip **32025**

Country

Columbia

3. Mailing Address

1717 Sw newland way

Suite, Apt. #, etc.

Lake City FL

City & State

FL

Zip **32025**

Country

Columbia



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3321889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, JOSE R

6400 NEWBERRY RD

#206

GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name

Quintana Jose R

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

1717 Sw newland way

City

Lake City

FL

Zip Code

32025

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

Jose R Quintana

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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, 2002 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 **P** ☐ Delete
NAME **QUINTANA, JOSE R MD**
STREET ADDRESS **6400 NEWBERRY RD #206**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Quintana Jose R MD**
STREET ADDRESS **1717 newland way**
CITY-ST-ZIP **Lake City FL 32025**

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

REQUIRED Jose R Quintana 4/29/02 386 755 1157

CR2E034 (9/01)