2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/19/

FILED
Sep 16, 2003 8:00 am
Secretary of State
08-19-2003 90020 037 ***150.00

DOCUMENT # P95000052353

1. Entity Name
JACKSONVILLE PRIMARY CARE, P.A.

55056594

[redacted]

Principal Place of Business
6028 BENNETT ROAD
JACKSONVILLE FL 32216

Mailing Address
6028 BENNETT ROAD
JACKSONVILLE FL 32216

☐ 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 59-3323183 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LAZO, C V M.D.
6028 BENNETT ROAD
JACKSONVILLE FL 32216

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

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D President	☐ Delete	TITLE	Secretary-Treasurer	☐ Change ☑ Addition
NAME	LAZO, CICERON V		NAME	Lazo Denise	
STREET ADDRESS	6028 BENNETT RD.		STREET ADDRESS	6028 Bennett Road.	
CITY-ST-ZIP	JACKSONVILLE FL 32216		CITY-ST-ZIP	Jacksonville, Fl 32216	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (4/03)

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: REQUIRED 7/21/03 904 737-6422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attached

55051594 [redacted]

#P0000052353

C.V. Lazo, M.D.
Jacksonville Primary Care
Family Practice

6028 BENNETT ROAD
JACKSONVILLE, FL 32216

TELEPHONE (904) 737-6422
FACSIMILE (904) 730-8144

August 1, 2003

To: Florida Department of State

RE: #59-3323183
UBR 2003
Jacksonville Primary Care, PA

Dear Sirs:

This letter is a request to waive the late fee for our corporation, Jacksonville Primary Care, PA. This is the first notice we received and were not aware it had not been filed until this notice. We have been a corporation since 1995 and have always paid in a timely fashion.

Enclosed is our check in the amount of $150.00 as you requested. Should you have any questions please feel free to contact me at the above address.

Sincerely,

Denise Lazo

Denise Lazo, Rn

9/5/03
To: FDS - The titles are as follows:

CICERON V. LAZO - PRESIDENT

DENISE LAZO - SECRETARY-TREASURER

See attached form for title

Sorry for the inconvenience.

Denise Lazo