2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90113 011 ***150.00

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1. Entity Name
PABLO GONZALEZ AND FRANCISCO SOSA, M.D., P.A.

Principal Place of Business	Mailing Address
1825 S.E. TIFFANY AVE SUITE 102 PORT ST. LUCIE FL 34952 US	1825 S.E. TIFFANY AVE SUITE 102 PORT ST. LUCIE FL 34952 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1211 SW Live Oak Cove	1211 SW Live Oak Cove
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL	City & State: Port St. Lucie, FL
Zip: 34986 / Country: USA	Zip: 34986 / Country: USA

4. FEI Number 65-0608798 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, PABLO M.D.
1825 S.E. TIFFANY AVE
SUITE 102
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1211 SW Live Oak Cove
City Port St. Lucie FL Zip Code 34986

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 Pablo Gonzalez 4/2/03
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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, PABLO M.D.	NAME	
STREET ADDRESS	1211 S.W. LIVE OAK COVE	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOSA, FRANCISCO M.D.	NAME	
STREET ADDRESS	646 S.W. PALMETTO COVE	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	CITY-ST-ZIP	
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	
CITY-ST-ZIP		CITY-ST-ZIP	
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	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Pablo Gonzalez 4/2/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)