2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000024181 JORGE W. GOMEZ, M.D., P.A. Principal Place of Business Mailing Address 290 WEST 49TH STREET 290 WEST 49TH STREET HIALEAH FL 33012-3763 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

GOMEZ, JORGE W M.D.

290 WEST 49TH STREET HIALEAH FL 33012

9. This corporation is eligible to satisfy its Intangible

GOMEZ, JORGE W M.D.

290 WEST 49TH STREET

HIALEAH FL 33012

Tax filing requirement and elects to do so.

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME

TITLE

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZU

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

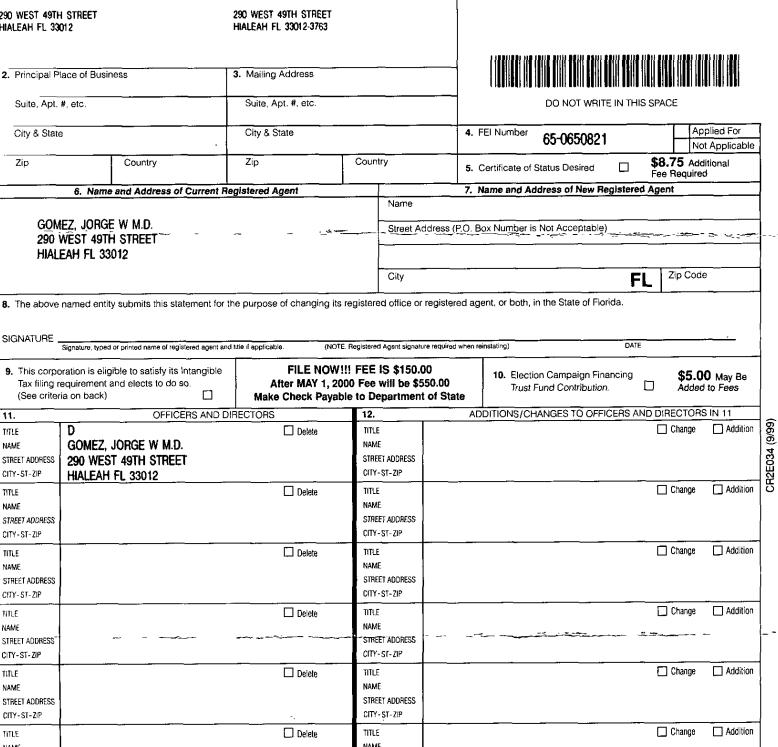
CITY-ST-ZIP

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FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90087 033 ***150.00



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.

Name

FILE NOW!!! FEE IS \$150.00

12.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME STREET ADDRESS

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NAME

CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 0068