

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600004899

1. Entity Name

Gustavo E. Coll M.D. PA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 15 AM 9:56

Principal Place of Business

7270 West Lago Drive
Coopl Gables, FL 33143

Mailing Address

2. Principal Place of Business

7270 West Lago Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coopl Gables FL

City & State

Zip

23243

Country

U.S.A.

Zip

Country

4. FEI Number

650677469

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Gustavo E. Coll
7270 West Lago Drive
Coopl Gables, FL 33143

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.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Gustavo E. Coll
7270 West Lago Dr
Coopl Gables, FL 33143

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. 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.

CR2034 (5/01)

SIGNATURE:

11/12/01

GUSTAVO COLL
7270 W. LAGO DRIVE
CORAL GABLES, FL 33143

Please change
address in your system.
We did not receive doo,
WBC.

Request taken by: lsellers
11-05-2001

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314