

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90179 032 \*\*\*150.00

**DOCUMENT # P96000061555**  
 1. Entity Name  
**JOSE J. ROSALES, M.D., P.A.**

Principal Place of Business      Mailing Address  
**1061 MEDICAL CENTER DRIVE, SUITE 212**      **1061 MEDICAL CENTER DRIVE, SUITE 212**  
**ORANGE CITY FL 32763**      **ORANGE CITY FL 32763-8226**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1061 Medical Center Drive**      **1061 Medical Center Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 212**      **Suite 212**  
 City & State      City & State  
**Orange City, FL**      **Orange City, FL**  
 Zip      Country      Zip      Country  
**32763**      **USA**      **32763**      **USA**

4. FEI Number      Applied For  
**59-3393126**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROSALES, JOSE J M.D.**  
**70 FOX RIDGE COURT UNIT B**  
**DEBARY FL 32713**

7. Name and Address of New Registered Agent  
 Name  
**ROSALES, JOSE J. M.D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1061 Medical Center Dr. Suite 212**  
 City      State      Zip Code  
**Orange City**      **FL**      **32763**

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 J. Rosales, M.D.**      **1/4/00**  
Signature, typed or printed name of registered agent and 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 \$150.00**  
**After MAY 1, 2000 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSALES, JOSE J M.D.</b>	
STREET ADDRESS	<b>70 FOX RIDGE COURT UNIT B</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSALES, JOSE J. M.D.</b>	
STREET ADDRESS	<b>1061 Medical Center Drive Suite 212</b>	
CITY-ST-ZIP	<b>Orange City, FL 32763</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JOSE J. ROSALES, M.D.**      **904.775.8229**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)