

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90058 024 ***158.75

DOCUMENT # P96000073644

1. Entity Name

ELIZABETH D. GALLEGOS, M.D., P.A.

Principal Place of Business

Mailing Address

**1501 W REYNOLDS STREET STE ONE
 PLANT CITY FL 33567**

**1501 W REYNOLDS STREET STE ONE
 PLANT CITY FL 33567-4747**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1601 W. Reynolds Street

1601 W. Reynolds Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

Suite 203

City & State

City & State

Plant City, FL

Plant City, FL

4. FEI Number

59-3399998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

33567

United States

Zip

Country

33567

United States

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLEGOS, ELIZABETH D
 1501 W REYNOLDS STREET STE ONE
 PLANT CITY FL 33567**

Name

Gallegos, Elizabeth D.

Street Address (P.O. Box Number is Not Acceptable)

1601 W. Reynolds Street

Suite 203

City

Plant City

FL

Zip Code

33567

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

Elizabeth Gallegos

13/13/00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLEGOS, ELIZABETH D		NAME	Gallegos, Elizabeth D.	
STREET ADDRESS	1501 W REYNOLDS STREET STE ONE		STREET ADDRESS	1601 W. Reynolds Street, Suite 203	
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	Plant City, FL 33567	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Elizabeth Gallegos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/13/00

DATE

Daytime Phone #

(813) 759-0883

CR2E034 000001