2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P96000091693** May 18, 2000 8:00 am Secretary of State GADSDEN FAMILY CLINIC, P.A. 05-18-2000 90333 040 ***150.00 Mailing Address Principal Place of Business 304 EAST JEFFERSON ST. 304 EAST JEFFERSON ST. **QUINCY FL 32351 OUINCY FL 32351-2530** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-3411663 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMOS, GLORIA C M.D. Street Address (P.O. Box Number is Not Acceptable) 304 EAST JEFFERSON ST. QUINCY FL 32351 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME RAMOS, GLORIA C M.D. STREET ADDRESS STREET ADDRESS 304 EAST JEFFERSON ST. CITY-ST-ZIP CITY-ST-ZIP QUINCY FL 32351 ☐ Change ☐ Addition ☐ Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS 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.