

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2003 8:00 am**  
**Secretary of State**

04-01-2003 90043 034 \*\*\*150.00

DOCUMENT # P96000091693

1. Entity Name

GADSDEN FAMILY CLINIC, P.A.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

304 EAST JEFFERSON ST.

3. Mailing Address

304 EAST JEFFERSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
QUINCY, FLORIDA

City & State  
QUINCY, FLORIDA

4. FEI Number  
59-3411663

Applied For

Not Applicable

Zip  
32351

Country  
USA

Zip  
32351

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
GLORIA C. RAMOS, M.D.

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

304 EAST JEFFERSON ST.

City  
QUINCY

FL

Zip Code  
32351

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
RAMOS, GLORIA C., M.D.  
304 EAST JEFFERSON ST.  
QUINCY, FL 32351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X3-31-03  
Date

(813)933-3943  
Daytime Phone #

CR2E034B (12/02)