

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-18-2000 90128 010 ***150.00

DOCUMENT # P97000073528

1. Entity Name
FRANCISCO H. GONZALEZ M.D. P.A.

Principal Place of Business Mailing Address
~~2455 SW 27TH AVE~~ 19918 SW 7TH PL
~~100~~ PEBROKE PINE FL 33029-1256
~~MIAMI FL 33145~~ US
~~US~~

701391



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1250 S.W. 27th AV. Suite, Apt. #, etc.
Suite 205 Suite, Apt. #, etc.
MIAMI FL City & State **FL** City & State
33135 Zip **USA** Country Zip Country

4. FEI Number **65-0775045** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GONZALEZ, FRANCISCO H M.D.
19918 S.W. 7 PL
PEMBORKE PINES FL 33029

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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	P <input type="checkbox"/> Delete
NAME	GONZALEZ, FRANCISCO
STREET ADDRESS	19918 SW 7TH PV
CITY-ST-ZIP	PEMBORK PINE FL 33029
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 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
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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 the 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: **Francisco H. Gonzalez, M.D.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1250 S.W. 27 Avenue, Suite 205
Miami, Florida 33135
Phone: (305) 642-9704
 Date: **01/18/00** (305) 468-8223
 Daytime Phone #

CR2E034 (9/99)