

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078927

1. Entity Name

AIMEE GONZALEZ, M.D., P.A.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90087 038 \*\*\*150.00

Principal Place of Business

Mailing Address

1555 SAXON BOULEVARD  
SUITE 302  
DELTONA FL 32725

1555 SAXON BOULEVARD  
SUITE 302  
DELTONA FL 32725-5871

2. Principal Place of Business

1555 SAXON BLVD.

3. Mailing Address

1555 SAXON BLVD.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

DELTONA, FL.

City & State

DELTONA, FL.

4. FEI Number

59-3466464

Applied For

Not Applicable

Zip

32725

Country

VOLUSIA

Zip

32725

Country

VOLUSIA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORTELBOER, ROBERT L ESQ.  
WEIDER & WORTELBOER  
10161 CENTURION PARKWAY NORTH, SUITE 190  
JACKSONVILLE FL 32256

Name

Christopher C. Cathcart

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

Ossinsky & Cathcart, P.A.

210 N. Wymore Rd

City

Winter Park 1

FL

Zip Code

32789

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/00

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GONZALEZ, AIMEE M.D.  
CITY-ST-ZIP 1555 SAXON BOULEVARD, SUITE 302  
DELTONA FL 32725

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS GONZALEZ, AIMEE, M.D.  
CITY-ST-ZIP 1555 SAXON BLVD, SUITE 201  
DELTONA, FL. 32725

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-'00

Date

(407) 575-0202

Daytime Phone #

CR2E034 (9/99)