2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000078927 DOCUMENT

1. Entity Name

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



Mar 10, 2003 8:00 am Secretary of State **FILED**

03-10-2003 90122 038 ***150.00

				COO WE THE					
Principal Place of Business 1555 SAXON BOULEVARD SUITE 201 DELTONA FL 32725		Mailing Address 1555 SAXON BOULEVARD SUITE 201 DELTONA FL 32725							
2. Principal Place of Business		3. Mailing Address						H HUN 1881 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. F	59-3466464	\vdash	Applied For Not Applicable	-
Zip Country		Zìp	o Country		5. (Certificate of Status Desired	□ \$8.75 A Fee Requ		1
	6. Name and Address of Current	Registered Agei	nt .		7. 1	Name and Address of New Regi	istered Agent		1
				Name]
1555 SAX	EZ, AIMEE M.D. ON BLYD., STE. 201 OFL 32725		Street Addre		,	is (P.O. Box Number is Not Acceptable)			
DELTUNA	A FL 32/25							<u></u>	
	:			City			FL Zip Co	ode	l
SIGNATURE F	Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		(NOTE: Registere	rd Agent signature req	uired when re	9. Election Campaign Financ Trust Fund Contribution.		.00 May Be	-
10.	OFFICERS AND	DIRECTORS	11.		AD	I DITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, AIMEE M.D. 1555 SAXON BLVD,. SUITE 201 DELTONA FL 32725			I			☐ Chang	Addition	30,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP				f f			☐ Chang	e ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	34 € 24 €	المساد والمسادون		I	المحاصد المحداث ا	الميدية بودد فالهياسية المساد التي المائل	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	I			☐ Change	Addition	
TITLE			Delete TITL	E			☐ Change	☐ Addition	

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 Block 11 if changed, or on an attachment with an additional statutes with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #