

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90042 009 ***150.00

DOCUMENT # P97000096574

1. Entity Name

OSCEOLA ALLERGY, SINUS & ASTHMA CENTER, INC.

Principal Place of Business

**6723 NW AMERICAN LN. SUITE 1
 LAKE CITY FL 32055
 US**

Mailing Address

**6723 NW AMERICAN LN. STE. #1
 LAKE CITY FL 32055
 US**

2. Principal Place of Business

6723 NW AMERICAN LN

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

Zip

32055

Country

COLUMBIA

Zip

32055

Country

US

4. FEI Number

59-3478607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALES, ALEX

**6723 NW AMERICAN LN, STE. #1
 LAKE CITY FL 32055**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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** ☐ Delete
 NAME **GONZALES, ALEX L M.D.**
 STREET ADDRESS **6723 NW AMERICAN LN, STE. #1**
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02

Date

386

755-1960

Daytime Phone #

CR2E034 (9/01)