2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State
03-28-2000 90043 049 ***158.75

DOCUMENT # P97000109093

1. Entity Name

JOSE M. GOMEZ, M.D., P.A.

Principal Place of Business	Mailing Address
7933 BAYMEADOWS WAY 3 JACKSONVILLE FL 32256 US	2661 RIVERPORT DR NORTH JACKSONVILLE FL 32256-9592 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7933 BAYMEADOWS WAY	7933 BAYMEADOWS WAY
Suite, Apt. #, etc.: 9	Suite, Apt. #, etc.: 9
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32256 Country: USA	Zip: 32256 Country: USA

4. FEI Number 59-3490626 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~GOMEZ, JOSE M M.D.~~
~~2661 RIVERPORT DR NORTH~~
~~JACKSONVILLE FL 32223~~

7. Name and Address of New Registered Agent

Name: JOSE M. GOMEZ, MD
Street Address (P.O. Box Number is Not Acceptable): 7933 BAYMEADOWS WAY SUITE 9
City: JACKSONVILLE FL Zip Code: 32256

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: J Gomez, M.D. - JOSE M. GOMEZ, MD - PRESIDENT DATE: 03/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOMEZ, JOSE M MD 2661 RIVER PT DR N JACKSONVILLE FL 32223	☐ Delete	JOSE M. GOMEZ MD 7933 BAYMEADOWS WAY SUITE 9 JACKSONVILLE, FLORIDA 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JORQUERA, ANA M 2661 RIVERPORT DR N JACKSONVILLE FL 32223	☒ Delete	ZEIDA RODRIGUEZ 7933 BAYMEADOWS WAY SUITE 9 JACKSONVILLE, FLORIDA 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOMEZ, ALBERTO J 2661 RIVERPORT DR N JACKSONVILLE FL 32223	☐ Delete	ALBERTO GOMEZ 7933 BAYMEADOWS WAY SUITE 9 JACKSONVILLE, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOMEZ, YDAISA 2661 RIVERPORT DR N JACKSONVILLE FL 32223	☐ Delete	YDAISA GOMEZ 7933 BAYMEADOWS WAY SUITE 9 JACKSONVILLE, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOMEZ, ALLAN 2661 RIVERPORT DR N JACKSONVILLE FL 32223	☐ Delete	ALLAN GOMEZ 7933 BAYMEADOWS WAY SUITE 9 JACKSONVILLE, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☒ Change ☐ Addition

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: J Gomez, M.D. (JOSE M. GOMEZ MD) 03/24/00 (904) 828-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #