

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90560 019 ***150.00

DOCUMENT # P97000109093

1. Entity Name
JOSE M. GOMEZ, M.D., P.A.

Principal Place of Business
7933 BAYMEADOWS WAY
9
JACKSONVILLE FL 32256
US

Mailing Address
7933 BAYMEADOWS WAY
9
JACKSONVILLE FL 32256
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3490626**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOMEZ, JOSE M M.D.
7933 BAYMEADOWS WAY
STE 9
JACKSONVILLE FL 32256

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's 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 **GOMEZ, JOSE M MD**
 STREET ADDRESS **7933 BAYMEADOWS WAY STE 9**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VP** ☐ Delete
 NAME **GOMEZ, JOSE M MD**
 STREET ADDRESS **7933 BAYMEADOWS WAY STE 9**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **S** ☐ Delete
 NAME **GOMEZ, ALBERTO J**
 STREET ADDRESS **7933 BAYMEADOWS WAY STE 9**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **T** ☐ Delete
 NAME **GOMEZ, YDAISA**
 STREET ADDRESS **7933 BAYMEADOWS WAY STE 9**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **P** ☐ Delete
 NAME **GOMEZ, ALLAN**
 STREET ADDRESS **7933 BAYMEADOWS WAY STE 9**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

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 **VP** ☒ Change ☐ Addition
 NAME **GOMEZ, CARMEN**
 STREET ADDRESS **7933 BAYMEADOWS WAY SUITE 9**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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 my address, with all other like empowered.

SIGNATURE: *Jose M. Gomez, M.D.* **JOSE M. GOMEZ, MD** - 01/30/02 (904) 828-0017
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)