

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000055596

1. Entity Name

Rolando L. Gonzalez M.D. P.A.

FILED

02 DEC 18 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2800 SW 154th Lane

Suite, Apt. #, etc.

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
Davie, Florida

City & State

4. FEI Number
65-0835367

Applied For
Not Applicable

Zip
33331

Country
USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name
Rolando L. Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
2800 SW 154th Lane

City
Davie

FL

Zip Code
33331

**DO NOT WRITE
IN THIS SPACE**

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

12/11/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
Pres
Rolando L. Gonzalez
2800 SW 154th Lane
Davie, FL 33331

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

300009740523
12/30/02--01074--003 **1208.75

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rolando L. Gonzalez

Date

Daytime Phone #