

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010028

1. Entity Name

TARA L. GONZALEZ, M.D., P.A.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90081 009 ***150.00

Principal Place of Business

Mailing Address

66 INDIGO LOOP SOUTH
DESTIN FL 32541

66 INDIGO LOOP SOUTH
DESTIN FL 32541-5223

2. Principal Place of Business

5528 N DAVIS Hwy

3. Mailing Address

c/o ACORD Consulting

Suite, Apt. #, etc.

9256 N PALAFOX ST

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32503

Country

Zip

32534

Country

4. FEI Number

593557429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUGHT, ALEXANDRA R
66 INDIGO LOOP SOUTH
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name: TARA GONZALEZ, M.D., P.A.

Street Address (P.O. Box Number is Not Acceptable)

5528 N DAVIS Hwy Bldg #

City

PENSACOLA

FL

Zip Code

32534

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

Alexandra R. Haught, Registered Agent 1-5-00

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS GONZALES, TARA L M.D.
CITY-ST-ZIP 5860 E. BAY BLVD.
GULF BREEZE FL 32561

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

(850) 477-3475

Daytime Phone #

CR2E034 (9/99)