

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

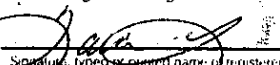
FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90243 022 ***150.00

DOCUMENT # P99000010028		
1. Entity Name TARA L. GONZALEZ, M.D., P.A.		
Principal Place of Business 5528 N DAVIS HWY BLDG H PENSACOLA FL 32503		Mailing Address C/O ACCORD CONSULTING 7000 PINE FOREST RD. STE F PENSACOLA FL 32526
2. Principal Place of Business		3. Mailing Address 5528 N. Davis Hwy.
Suite, Apt. #, etc.		Suite, Apt. #, etc. Bldg H
City & State Pensacola FL		City & State Pensacola FL
Zip 32503	Country Escambia	



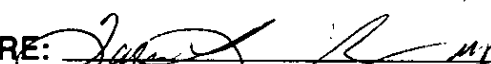
☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3557429		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GONZALES, TARA 5528 N DAVIS HWY BLDG H PENSACOLA FL 32503		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32503		
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. I am familiar with, and accept, the obligations of registered agent.		
SIGNATURE  Signature, typed or printed name of registered agent and, if applicable, of the Registered Agent accepting request (when non-stating)		DATE 4-30-03

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	D GONZALES, TARA L M.D. 9009 UNIVERSITY PKWY #33 PENSACOLA FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Add	President Tara L. Gonzalez MD 1099 Chandelle Lakes Blvd. Pensacola FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	

12. 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 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-30-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 110/02