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	Mailing Address
5528 N DAVIS HWY	C/O ACCORD CONSULTING
BLDG H	7000 PINE FOREST RD, STE F
PENSACOLA FL 32503	PENSACOLA FL 32526

2. Principal Place of Business		3. Mailing Address	
		5528 N. Davis Hwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Blgd H	
City & State		City & State Pensacola FL	
Zip	Country	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 ← please correct your records to this right ZIP ONLY

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] MD 4-30-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	GONZALES, TARA L M.D.		NAME	Tara L. Gonzales MD	
STREET ADDRESS	9009 UNIVERSITY PKWY #33		STREET ADDRESS	1099 Chandelle Lakes Blvd.	
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP	Pensacola FL 32507	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MD 4-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date