## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2002 8:00 am & Secretary of State P99000055717 DOCUMENT # 1. Entity Name 04-16-2002 90043 029 \*\*\*150.00 JUAN C GAMBOA, DVM, PA. Principal Place of Business Mailing Address 6530 NE 57 CT. 6530 NE 57 CT. HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3584480 Not Applicable Zip Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAMBOA, JUAN C Street Address (P.O. Box Number is Not Acceptable) 6530 NE 57 CT. HIGH SPRINGS FL 32643 Zip Code City FL 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 1 (NOTE: Registered Agent signature required when reinstating) nature, typed or printed nar registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria/on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS . . . . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01) Change Addition ☐ Delete TITLE TITLE GAMBOA, JUAN C DVM NAME NAME 6530 NE 57 CT. STREET ADDRESS STREET ADDRESS HIGH SPRINGS FL 32643 CITY-ST-ZIP CITY-ST-ZIP > ☐ Delete TITLE [ ] Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED

Daytime Phone #