

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065377

1. Entity Name  
HARBORSIDE MEDICAL, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90100 013 \*\*\*150.00

Principal Place of Business  
1027 SOUTHEAST 5TH TERRACE  
CAPE CORAL FL 33990

Mailing Address  
1027 SOUTHEAST 5TH TERRACE  
CAPE CORAL FL 33990

2. Principal Place of Business  
12859 MCGREGOR BLVD

3. Mailing Address  
P.O. Box 7388

Suite, Apt. #, etc.  
Suite 864

Suite, Apt. #, etc.

City & State  
Ft. Myers, FLORIDA

City & State  
Ft. Myers, FLORIDA

Zip Country  
33919 U.S.A.

Zip Country  
33911 U.S.A.

4. FEI Number 65-0936198

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name JORGE GONZALEZ

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

1027 SE 5TH TERRACE

City Ft. Myers, FLORIDA FL Zip Code 33990

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 *Jorge Gonzalez* JORGE GONZALEZ PSTD

4/20/01

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, 2001 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 PSTD  
NAME GONZALEZ, JORGE  
STREET ADDRESS 1027 SOUTHEAST 5TH TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*Jorge Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

(941) 458-8080

Daytime Phone #

CR2E034 (10/00)