

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23930

1. Entity Name

PATRICIA GOLDBLATT, M.D., P.A.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90020 007 ***150.00

Principal Place of Business

10000 S.W. 52ND AVE.
89
GAINESVILLE FL 32605

Mailing Address

10000 S.W. 52ND AVE.
89
GAINESVILLE FL 32606-5369

2. Principal Place of Business

2221 N.W. 135th Terrace
Suite, Apt. #, etc.

3. Mailing Address

2221 N.W. 135th Terrace
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3071603

Applied For

Not Applicable

Zip

32606

Country

USA

Zip

32606

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBLATT, PATRICIA MD
10000 S.W. 52ND AVE
#89
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name
Goldblatt, Patricia M.D.
Street Address (P.O. Box Number is Not Acceptable)
2221 N.W. 135th Terrace
City
Gainesville, FL Zip Code
32606

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	GOLDDART, PATRICIA D	
STREET ADDRESS	10000 52ND AVE. #89	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	President	<input type="checkbox"/> Delete
NAME	Goldblatt, Patricia W.	
STREET ADDRESS	2221 N.W. 135th Terrace	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/99)