

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90113 011 \*\*\*150.00

**DOCUMENT # P95000074034**



1. Entity Name  
**PABLO GONZALEZ AND FRANCISCO SOSA, M.D., P.A.**

Principal Place of Business  
**1825 S.E. TIFFANY AVE  
SUITE 102  
PORT ST. LUCIE FL 34952  
US**

Mailing Address  
**1825 S.E. TIFFANY AVE  
SUITE 102  
PORT ST. LUCIE FL 34952  
US**



2. Principal Place of Business  
**1211 SW Live Oak Cove**  
Suite, Apt. #, etc.

3. Mailing Address  
**1211 SW Live Oak Cove**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Port St. Lucie, FL**  
Zip  
**34986**  
Country  
**USA**

City & State  
**Port St. Lucie, FL**  
Zip  
**34986**  
Country  
**USA**

4. FEI Number **65-0608798**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GONZALEZ, PABLO M.D.  
1825 S.E. TIFFANY AVE  
SUITE 102  
PORT ST. LUCIE FL 34952**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1211 SW Live Oak Cove**  
City **Port St. Lucie** **FL** Zip Code **34986**

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 *Pablo Gonzalez*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/2/03**  
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 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GONZALEZ, PABLO M.D.</b>
STREET ADDRESS	<b>1211 S.W. LIVE OAK COVE</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34986</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SOSA, FRANCISCO M.D.</b>
STREET ADDRESS	<b>646 S.W. PALMETTO COVE</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34986</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	

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: *Pablo Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/03**  
Date

Daytime Phone #

CR2E034 (10/02)