

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021204

1. Entity Name

SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90021 003 \*\*\*158.75

Principal Place of Business Mailing Address  
1325 S CONGRESS AVE 1325 S CONGRESS AVE  
SUITE 211 SUITE 211  
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426-5873  
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0736246 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

MENKHAUS, DAVID J  
4800 NORTH FEDERAL HWY  
SUITE 210-A  
BOCA RATON FL 33431

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEGEROME, JAMES H		NAME		
STREET ADDRESS	1422 S. ATLANTIC DRIVE EAST		STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, MARK		NAME		
STREET ADDRESS	3159 N.W. 59TH STREET		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOSCH, MARK R		NAME		
STREET ADDRESS	4815 PINE TREE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ-TORRES, AUGUSTO		NAME		
STREET ADDRESS	3025 SALERNO WAY		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALALU, JAMIE		NAME		
STREET ADDRESS	18 HUDSON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL 33435		CITY-ST-ZIP		
TITLE	COMP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PULS, WAYNE E		NAME	ASST. SECRETARY	
STREET ADDRESS	881 S.W. 34TH AVENUE		STREET ADDRESS	FREEMOND TERRI	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	501 SW 113TH AVE.	
				PEMBROKE PINES	

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 of 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: *MARK R. DOSCH* MARK R. DOSCH MD. 3-27-00 561 732-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)