

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021204

1. Entity Name
SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90925 035 ***150.00

Principal Place of Business
1325 S CONGRESS AVE
SUITE 211
BOYNTON BEACH FL 33426
US

Mailing Address
1325 S CONGRESS AVE
SUITE 211
BOYNTON BEACH FL 33426
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DEGEROME, JAMES H
STREET ADDRESS 1422 S. ATLANTIC DRIVE EAST
CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

TITLE ~~D. Milagros, Richard~~
NAME ~~Richard Milagros~~
STREET ADDRESS 21663 FALL RIVER BL
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Change ☒ Addition

TITLE VD
NAME BROWN, MARK
STREET ADDRESS 3159 N.W. 59TH STREET
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE D
NAME MCGUIRE, DANIEL
STREET ADDRESS 5507 N. MILITARY TR.
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Change ☒ Addition

TITLE TD
NAME DOSCH, MARK R
STREET ADDRESS 4615 PINE TREE DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE D
NAME GACH, BARRY
STREET ADDRESS 4165 N.W. 58TH LANE
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Change ☒ Addition

TITLE SD
NAME LOPEZ-TORRES, AUGUSTO
STREET ADDRESS 3025 SALERNO WAY
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE D
NAME ALALU, JAMIE
STREET ADDRESS 18 HUDSON AVENUE
CITY-ST-ZIP OCEAN RIDGE FL 33435 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE AS
NAME TERRS, FREEMOND
STREET ADDRESS 501 SW 113TH AVE
CITY-ST-ZIP PEMROKE PINES FL ☐ Delete

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)