

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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03-24-2003 90016'022'****50.00
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DOCUMENT # L02000003200

1. Entity Name
PALM BEACH DIGESTIVE ASSOCIATES, LLC



FILED

2003 SEP 24 AM 11:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
5130 LINTON BLVD.
SUITE C-1
DELRAY BEACH FL 33484

Mailing Address
5130 LINTON BLVD.
SUITE C-1
DELRAY BEACH FL 33484



☐ CHECK HERE IF MAKING CHANGES

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

25-1902344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENKHAUS, DAVID J
2424 NORTH FEDERAL HIGHWAY
SUITE 458
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *MG*
NAME *Moshe Hirth*
STREET ADDRESS *7798 Tennison Ct.*
CITY-ST-ZIP *Boca Raton, FL 33433*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR0203 (10/02)