

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 636633

1. Entity Name

DIGESTIVE DISEASE ASSOCIATES OF NORTH FLORIDA, I

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90019 035 ***150.00

Principal Place of Business

720 S.W. 2ND AVE STE 311
GAINESVILLE FL 32601-1212

Mailing Address

720 S.W. 2ND AVE STE 311
GAINESVILLE FL 32601-1212

2. Principal Place of Business

6400 W. NEWBERRY RD.

3. Mailing Address

6400 W. NEWBERRY RD.

Suite, Apt. #, etc.

SUITE 308

Suite, Apt. #, etc.

SUITE 308

City & State

GAINESVILLE FLORIDA

City & State

GAINESVILLE FLORIDA

Zip

32605

Country

USA

Zip

32605

Country

USA

4. FEI Number

59-1934417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEIBACH, JOHN
720 SW 2ND AVE. SUITE 311
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

THOMAS R. BEERS

Street Address (P.O. Box Number is Not Acceptable)

6400 W. NEWBERRY RD.

SUITE 308

City

GAINESVILLE

FL

Zip Code

32605

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

Thomas R. Beers

3-20-01

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

TITLE PD ☐ Delete
NAME LEIBACH, JOHN R.
STREET ADDRESS 720 SW 2ND AVE., SUITE 311
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Delete
NAME BEERS, THOMAS R
STREET ADDRESS 720 SW 2ND AVE., SUITE 311
CITY-ST-ZIP GAINESVILLE FL

TITLE VD ☐ Delete
NAME BURNS, THEODORE W.
STREET ADDRESS 720 SW 2ND AVE., SUITE 311
CITY-ST-ZIP GAINESVILLE FL

TITLE SD ☐ Delete
NAME MAICO, DANIEL G.
STREET ADDRESS 720 SW 2ND AVE., SUITE 311
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ Delete
NAME DIAVOLITSIS, STAVROS
STREET ADDRESS 720 SW 2ND AVENUE STE 311
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Delete
NAME WASJMAN, RENATA
STREET ADDRESS 720 SW 2ND AVE., SUITE 311
CITY-ST-ZIP GAINESVILLE FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 6400 W. NEWBERRY RD., SUITE 308
CITY-ST-ZIP GAINESVILLE, FLORIDA 32605

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 6400 W. NEWBERRY RD., SUITE 308
CITY-ST-ZIP GAINESVILLE, FLORIDA 32605

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 6400 W. NEWBERRY RD., SUITE 308
CITY-ST-ZIP GAINESVILLE, FLORIDA 32605

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 6400 W. NEWBERRY RD., SUITE 308
CITY-ST-ZIP GAINESVILLE, FLORIDA 32605

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 6400 W. NEWBERRY RD., SUITE 308
CITY-ST-ZIP GAINESVILLE, FLORIDA 32605

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:

Thomas R. Beers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS R. BEERS

Date

(352) 331-8902

Daytime Phone #

CR2E034 (10/00)