

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90073 043 \*\*\*150.00

0062808  
AV**DOCUMENT # 636633**

1. Entity Name

**DIGESTIVE DISEASE ASSOCIATES OF NORTH FLORIDA, I  
NC.**

Principal Place of Business

**6400 W NEWBERRY ROAD SUITE 308  
GAINESVILLE FL 32605**

Mailing Address

**6400 W NEWBERRY ROAD SUITE 308  
GAINESVILLE FL 32605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

**BEERS, THOMAS R  
6400 W NEWBERRY ROAD SUITE 308  
GAINESVILLE FL 32605**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LEIBACH, JOHN R.	6400 W NEWBERRY ROAD SUITE 308	GAINESVILLE FL 32605	<input type="checkbox"/>
D	BEERS, THOMAS R	6400 W NEWBERRY ROAD SUITE 308	GAINESVILLE FL 32605	<input type="checkbox"/>
VD	BURNS, THEODORE W.	6400 W NEWBERRY ROAD SUITE 308	GAINESVILLE FL 32605	<input type="checkbox"/>
SD	MAICO, DANIEL G.	6400 W NEWBERRY ROAD SUITE 308	GAINESVILLE FL 32605	<input type="checkbox"/>
D	WASJMAN, RENATA	6400 W NEWBERRY ROAD SUITE 308	GAINESVILLE FL 32605	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	CHARLES A. SNINSKY	6400 W NEWBERRY ROAD SUITE 308	GAINESVILLE, FL 32605	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 #

2-1402

352 331-8902

CR2E034 (9/01)