

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760534

1. Entity Name

FLORIDA GASTROENTEROLOGIC SOCIETY, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90248 007 ****61.25

Principal Place of Business P.O. BOX 540363 OPA-LOCKA FL 33054	Mailing Address P.O. BOX 540363 OPA-LOCKA FL 33054-0363
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DO NOT WRITE IN THIS SPACE

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 59-2437228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOUCK, WILLIAM T
18126 NW 61ST PLACE
MIAMI FL 33015

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	DEGEROME, JAMES H MD	
STREET ADDRESS	2708 S SEACREST BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NORD, H. JUERGEN MD	
STREET ADDRESS	4 COLUMBIA DR #630	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PARDOLL, PETER M.D.	
STREET ADDRESS	1609 PASADENA AVE., S., #3-M	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	PED	<input type="checkbox"/> Delete
NAME	MAMEL, JAY MD	
STREET ADDRESS	UNIV OF SO FL BOX 199 12901 N 30 ST	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUCK, BILL	
STREET ADDRESS	18126 NW 61 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ACHEM, SAMI R M	
STREET ADDRESS	MAYO CLINIC 4500 SAN PABLO RD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	James DeGerome, M.D.	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	1325 S. Congress Avenue, #211		
STREET ADDRESS	Boynton Beach, FL 33426		
CITY-ST-ZIP			
TITLE	SD	Alan Harmon, M.D.	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	1610 Barrs Street		
STREET ADDRESS	Jacksonville, FL 32204		
CITY-ST-ZIP			
TITLE	TD	Chris Forsmark, M.D.	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	University of Fla - College of Med		
STREET ADDRESS	Box 100214		
CITY-ST-ZIP	Gainesville FL 32610		
TITLE	PE	Sami Achem, M.D.	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Mayo Clinic Jacksonville		
STREET ADDRESS	4500 San Pablo Road		
CITY-ST-ZIP	Jacksonville, FL 32224		
TITLE	D	BILL BOUCK	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	18126 NW 61st PLACE		
STREET ADDRESS	MIAMI, FL 33015		
CITY-ST-ZIP			
TITLE			Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL BOUCK (BOUCK) 02/07/00 305-687-1367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)