

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

0035108

DOCUMENT # 760534

1. Entity Name

FLORIDA GASTROENTEROLOGIC SOCIETY, INC.

02-13-2001 90003 009 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 540363
 OPA-LOCKA FL 33054

P.O. BOX 540363
 OPA-LOCKA FL 33054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2437228

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	DEGEROME, JAMES H MD	1325 S CONGRESS AVE 211	BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/>	PD	Achem, Sami R M	Mayo Clinic 4500 San Pablo Rd	Jacksonville, FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	HARMON, ALAN MD	1610 BARRS STREET	JACKSONVILLE FL 32204	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	PARDOLL, PETER M.D.	1609 PASADENA AVE., S., #3-M	ST PETERSBURG FL 33707	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PED	MAMEL, JAY . MD	UNIV OF SO FL BOX 199 12901 N 30 ST	TAMPA FL 33612	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BOUCK, BILL	18126 NW 61 PL	MIAMI FL	<input checked="" type="checkbox"/>	D	Bouck, William T	18126 NW 61 PL	Miami FL33015	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	ACHEM, SAMI R M	MAYO CLINIC 4500 SAN PABLO RD	JACKSONVILLE FL 32224	<input checked="" type="checkbox"/>	TD	Forsmark, Chris	Uoff PO Box 100214	Gainesville, FL 32610	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *WILLIAM T. BOUCK* William T. Bouck - eq - eq 305-687-4367
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)