

2002 UNIFORM BUSINESS REPORT (UBR)

51-48

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008819549
11/06/02--01035--006 **61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 760534

1. Entity Name

FLORIDA GASTROENTEROLOGIC SOCIETY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 540363
OPA-LOCKA FL 33054

P.O. BOX 540363
OPA-LOCKA FL 33054

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

Not Applicable

5. Certificate of Status Desired

\$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. 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

After September 13, 2002,
min. will be \$236.25.

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	PD DEGEROME, JAMES H MD 1325 S CONGRESS AVE 211 BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARMON, ALAN MD 1610 BARRS STREET JACKSONVILLE FL 32204	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORSMARK, CHRIS U OF F PO BOX 100214 GAINESVILLE FL 32610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUCK, WILLIAM T 18126 NW 61 PL MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACHEM, SAMI R M MAYO CLINIC 4500 SAN PABLO RD JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARMON, ALAN, M.D. 1610 BARRS STREET JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORSMARK, CHRIS, M.D. U OF F P O BOX 100214 GAINESVILLE, FL 32610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDBERG, ROBERT, M.D. MT. SINAI MEDICAL CTR., GI DIV. MIAMI BEACH, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEXNER, STEVEN D., M.D. CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BLVD. WESTON, FL 3331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

Handwritten initials

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Handwritten signature

WILLIAM T. BOUCK 7-02-02 305-687-1367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FLORIDA GASTROENTEROLOGIC SOCIETY

NEXT ANNUAL MEETING September 27-29, 2002
Marriott Waterside Hotel, Tampa, Florida

OFFICERS

- ALAN HARMON, M.D.
President
- CHRIS E. FORSMARK, M.D.
President-Elect
- STEVEN D. WEXNER, M.D.
Secretary
- ROBERT GOLDBERG, M.D.
Treasurer
- SAMI R. ACHEM, M.D.
Immediate Past President

SPECIAL COMMITTEE HEADS

- DAVID J. BECKER, M.D.
- ALAN HARMON, M.D.
- RICHARD B. VAN ELDIK, M.D.
Delegates to FMA
- RICHARD B. VAN ELDIK, M.D.
FMA Governing Council Member -
Specialty Society Section
- KEITH MOORE, D.O.
- PETER M. PARDOLL, M.D.
Medicare Representatives
- SAMI R. ACHEM, M.D.
- JAMIE S. BARKIN, M.D.
- CHRIS E. FORSMARK, M.D.
- JAY J. MAMEL, M.D.
- H. JUERGEN NORD, M.D.
- STEVEN D. WEXNER, M.D.
Academic Affairs Committee
- JEFFREY DIAMOND, M.D.
- STEPHEN LANGE, M.D.
- JAMES SCOLAPIO, M.D.
Membership Committee
- ALAN HARMON, M.D.
Managed Care Representative
- CHRIS E. FORSMARK, M.D.
Editor
- ALAN HARMON, M.D.
Private Insurance Carrier
Representative
- PETER M. PARDOLL, M.D.
- ERIC D. WESTON, M.D.
- TERENCE N. REISMAN, M.D.
Legislative Liaisons
- JAMES DEGEROME, M.D.
- CHRIS NULAND, ESQ.
Liaisons to Florida Board of Medicine
- STEPHEN LANGE, M.D.
- SAMI R. ACHEM, M.D.
By-laws Committee
- NORMAN B. EDGERTON, JR., M.D.
- PETER M. PARDOLL, M.D.
Practice Management

November 1, 2002

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302.1500

Re: Florida Gastroenterologic Society, Inc.

Our check #1052, in the amount of \$61.00 was written to you and submitted with the updated Uniform Business Report in early July. I received a notice from your office dated July 17, 2002, that the check was incorrect and should have been \$61.25 (see attached copy).

You returned the check and we destroyed it and wrote you another one, check #1054 for \$61.25 on July 30, 2002, and sent it to you. I did not realize that I had to send in another UBR because I thought you had kept the original.

You then sent me back the check #1054 and stated that no form was included (see attached copy). I apologize for this mistake. Enclosed is the second check together with a copy of the UBR Document # 760534. I was out of town for this past month and realized that we have exceeded your 30-day cut off date.

The stub of that check does show \$61.25 (see attached copy).

We respectfully request abatement for the late fees. It's hard to imagine that I must now pay \$175 because of a 25-cent error. Your cooperation would be appreciated.

Thank you,

Sincerely,

Bill Bouck

Executive Director
BB/ld
encl.