

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90066 041 ****70.00

DOCUMENT # 760534

1. Entity Name
FLORIDA GASTROENTEROLOGIC SOCIETY, INC.



Principal Place of Business
P.O. BOX 540363
OPA-LOCKA FL 33054

Mailing Address
P.O. BOX 540363
OPA-LOCKA FL 33054



CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HARMON, ALAN MD	
STREET ADDRESS	1610 BARRS STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FORSMARK, CHRIS MD	
STREET ADDRESS	U OF F, P.O. BOX 100214	
CITY-ST-ZIP	GAINESVILLE FL 32610	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDBERG, ROBERT MD	
STREET ADDRESS	MT SINAI MEDICAL CTR, GI DIV	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUCK, WILLIAM T	
STREET ADDRESS	18126 NW 61 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WEXNER, STEVEN D MD	
STREET ADDRESS	2950 CLEVELAND CLINIC BLVD	
CITY-ST-ZIP	WESTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Forsmark, Chris M.D.	
STREET ADDRESS	U Of F. P.O. Box 100214	
CITY-ST-ZIP	Gainesville, FL. 32610	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wexner, Steven D. M.D.	
STREET ADDRESS	2950 Cleveland Clinic Blvd.	
CITY-ST-ZIP	Weston, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VanEldik, Richard B., M.D.	
STREET ADDRESS	150 S.E. 18 Pl.	
CITY-ST-ZIP	Ocala, Fl. 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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** 1/3/03 (305)687-1367

CR2E037 (10/02)