

2002 UNIFORM BUSINESS REPORT (UBR)

1 of 2

0002770 AB

DOCUMENT # A96000002198
 1. Entity Name
G.I. GROUP, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 AUG 28 AM 11:04

W
 8/29

Principal Place of Business Mailing Address
 2140 WEST 68TH STREET, SUITE 300 P.O. BOX 56-0624
 HIALEAH FL 33016 MIAMI FL 33256



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY SEPTEMBER 25, 2002

City & State City & State

4. FEI Number **65-0740737** 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

PADILLA, VICTOR M III
2140 WEST 68TH STREET, SUITE 300
HIALEAH FL 33018

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$87,615.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	P96000037063
NAME	G.I. AFFILIATES, INC.
STREET ADDRESS	2140 WEST 68TH STREET, #305
CITY-ST-ZIP	HIALEAH FL 33018
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500007451205--9
CITY-ST-ZIP	-08/30/02--01044--012
	****526.25 ****526.25
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **8/15/02** Daytime Phone #: **305-802-4107**

CR2E003 (4/02)

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DIGESTIVE MEDICINE ASSOCIATES

FRANCISCO R. MADERAL, M.D.
VICTOR M. PINA, M.D.
VICTOR M. PADILLA, III, M.D., F.A.C.P., F.A.C.G.
JORGE D. CASTAÑEDA, M.D.
MARK S. AVILA, M.D.
JOSE L. MARTINEZ, M.D.
JUAN J. CARRERE, M.D.

DIPLOMATES, AMERICAN BOARD OF
INTERNAL MEDICINE,
GASTROENTEROLOGY
AND HEPATOLOGY

August 19, 2002

Florida Department of State
Katherine Harris/Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

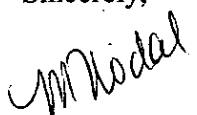
To Whom It May Concern:

Please accept our check enclosed for the amount of \$526.25 for 2002 Uniform Business Report, DOC# A96000002198.

On August 15th, we contacted your office to inform that this has been the first notice we have received. As a result of this call, we were instructed to mail in the check excluding the late fee, attached to this notice.

Should you need additional information, please feel free to contact our offices at your convenience.

Sincerely,



Mayelin Nodal
Administrator

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 AUG 28 AM 11:04