

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90856 035 ***150.00

DOCUMENT # G63900
1. Entity Name
GASTROENTEROLOGY ASSOCIATES OF
CENTRAL FLORIDA, P.A.

Principal Place of Business
Mailing Address

2. Principal Place of Business
2501 N. ORANGE AVE
Suite, Apt. #, etc.
SUITE 200

3. Mailing Address
2501 N. ORANGE AVE
Suite, Apt. #, etc.
SUITE 200

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
59-2358293
Applied For
Not Applicable

Zip
32804
Country
USA

Zip
32804
Country
USA

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEVINE, HENRY M.O.
2501 N. ORANGE AVE
SUITE 200
ORLANDO, FL 32804

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
Signature, typed or printed name of registered agent and true if applicable
(INOTE: Registered Agent signature required when removing)
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contributor
\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #4-11

TITLE
NAME
ST
LEVINE, HENRY M.O.
STREET ADDRESS
2501 N. ORANGE AVE # 200
CITY - ST - ZIP
ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
ST
STYNG, PHILIP N. M.O.
STREET ADDRESS
2501 N. ORANGE AVE # 200
CITY - ST - ZIP
ORLANDO FL 32804

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
DATE