

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90181 032 ***150.00

DOCUMENT # G63900

1. Entity Name

GASTROENTEROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.

Principal Place of Business

2501 N. ORANGE AVE., SUITE 200
 ORLANDO FL 32804

Mailing Address

2501 N. ORANGE AVE., SUITE 200
 ORLANDO FL 32804

2. Principal Place of Business

1817 N. Mills Ave

Suite, Apt. #, etc.

3. Mailing Address

1817 N. Mills Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-2358293

Applied For

Not Applicable

Zip

32803

Country

Orange

Zip

32803

Country

Orange

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

LEVINE, HENRY, M.D.

2501 N. ORANGE AVE., SUITE 200
 ORLANDO FL 32804

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME LEVINE, HENRY, M.D.
 STREET ADDRESS 2501 N. ORANGE AVE. #200
 CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
 NAME 1817 N. Mills Avenue
 STREET ADDRESS Orlando, FL 32803
 CITY-ST-ZIP

TITLE ST ☐ Delete
 NAME STYNE, PHILIP N., M.D.
 STREET ADDRESS 2501 N. ORANGE AVE. #200
 CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
 NAME 1817 N. Mills Avenue
 STREET ADDRESS Orlando, FL 32803
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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; that 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 if 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

1/23/02 407-896-1726
 Date Daytime Phone #

CR2E034 (9/01)