

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-11-2002 90181 032 \*\*\*150.00

0096440 AV

**DOCUMENT # G63900**

1. Entity Name  
**GASTROENTEROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.**

Principal Place of Business <b>2501 N. ORANGE AVE., SUITE 200          ORLANDO FL 32804</b>	Mailing Address <b>2501 N. ORANGE AVE., SUITE 200          ORLANDO FL 32804</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1817 N. Mills Ave</i>	3. Mailing Address <i>1817 N. Mills Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Orlando FL</i>	City & State <i>Orlando FL</i>
Zip <i>32803</i>	Country <i>Orange</i>
Zip <i>32803</i>	Country <i>Orange</i>

4. FEI Number <b>59-2358293</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LEVINE, HENRY, M.D.**  
**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 \_\_\_\_\_ (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	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>LEVINE, HENRY, M.D.</b>	
STREET ADDRESS <b>2501 N. ORANGE AVE. #200</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete
NAME <b>STYNE, PHILIP N., M.D.</b>	
STREET ADDRESS <b>2501 N. ORNAGE AVE. #200</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <i>1817 N. Mills Avenue</i>	
CITY-ST-ZIP <i>Orlando, FL 32803</i>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <i>1817 N. Mills Avenue</i>	
CITY-ST-ZIP <i>Orlando, FL 32803</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)