

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90968 014 ***150.00

DOCUMENT # G63900

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



Principal Place of Business
**1817 N MILLS RD
ORLANDO FL 32804**

Mailing Address
**1817 N MILLS RD
ORLANDO FL 32804**

11021286



2. Principal Place of Business
1817 North Mills Avenue

3. Mailing Address
1817 North Mills Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando, Florida 32803-1853

City & State
Orlando, Florida 32803-1853

4. FEI Number **59-2358293**

Applied For
☐ Not Applicable

Zip
32803-1853

Country
US

Zip
32803-1853

Country

5. Certificate of Status Desired ☐ **\$8.75 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)
1817 North Mills Avenue

City
Orlando

FL

Zip Code
32803-1853

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 *Henry Levine*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LEVINE, HENRY, M.D.**
STREET ADDRESS **1819 N MILLS AVENUE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **PD** ☒ Change ☐ Addition
NAME **Levine, Henry, M.D.**
STREET ADDRESS **1817 North Mills Avenue**
CITY-ST-ZIP **Orlando, FL 32803-1853**

TITLE **ST** ☐ Delete
NAME **STYNE, PHILIP N., M.D.**
STREET ADDRESS **1819 N MILLS AVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **ST** ☒ Change ☐ Addition
NAME **Styne, Philip N., M.D.**
STREET ADDRESS **1817 North Mills Avenue**
CITY-ST-ZIP **Orlando, FL 32803-1853**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Ruderman, William B., M.D.**
STREET ADDRESS **1817 North Mills Avenue**
CITY-ST-ZIP **Orlando, FL 32803-1853**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Feiner, Steven D., M.D.**
STREET ADDRESS **1817 North Mills Avenue**
CITY-ST-ZIP **Orlando, FL 32803-1853**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/03

407-241-3222

0103102 AV

CR2E034 (10/02)