

**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

0103102 AV

**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.

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 Country Zip Country  
**32803-1853 US 32803-1853**

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, M.D.* **4/23/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEVINE, HENRY, M.D. 1819 N MILLS AVENUE ORLANDO FL 32803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Levine, Henry, M.D. 1817 North Mills Avenue Orlando, FL 32803-1853</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST STYNE, PHILIP N., M.D. 1819 N MILLS AVE ORLANDO FL 32803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Styne, Philip N., M.D. 1817 North Mills Avenue Orlando, FL 32803-1853</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Ruderman, William B., M.D. 1817 North Mills Avenue Orlando, FL 32803-1853</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Feiner, Steven D., M.D. 1817 North Mills Avenue Orlando, FL 32803-1853</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **4/23/03** **407-241-3222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)