FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H79021 1. Corporation Name

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90093 043 ***150.00

| UNIVERS | SITY GASTROENTEROLOGY | ASSOCIATES, INC. | | | | | | | | , |
|---|---|--|--|--|--|--|--------------------|---|-------------------------------------|--------------------|
| Principal Place | e of Business | Mailing Address | | | | T 1 TO 11 TO | isi fiwi dibii dia | 14 81831 E1811 E 1 | | |
| 721 CONCHSHELL MANOR PLANTATION FL 33324 721 CONCHSHELL MANOR PLANTATION FL 33324 | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | ستبست يسيعي | | S . 2- |
| 2 Dain sin al Ol | lane of Business | 2a. Mailing Address | | | | | | Api | olied For | |
| · ' | ace of Business | 26. Walling Address | _ | | | 59-2595022 | | _ | Applicable | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | | | \$8.75 A | | |
| 22 | , , , , , | 27 | | | | 5. Certifcate of Status Desired | | Fee Re | quired | |
| City & State | e | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | 니 | Added to | Fees | |
| Zip | Country | Zip | Coun | ntry | | 8. This corporation owes the curr | ent year Inta | ngible | _ | |
| 24 | 25 | | 30 | | | Personal Property Tax. | | | □No | |
| | 9. Name and Address of Current | Registered Agent | | 81 N | lama | 10. Name and Address of New F | registered A | gent | | |
| 18/81 | DMANI WALLACE E NO | | | ۱ ۱۱۵ | Name | | | | | |
| | DMAN, WALLACE E., MD CONCHSHELL MANOR | | 7 | 82 S | Street Addre | ess (P.O. Box Number is Not Accepta | ible) | | | |
| | STATION FL 33324 | | - | 83 | | | - · · · · | | | |
| , | | | <u> </u> | | | | | 11 7:- 6 | \ | |
| | | | 1 | 84 0 | City | | FL | 85 Zip (| Jode | |
| | | | | | | _ | | | | |
| office or n | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | f Florida. Such change was au ons of, Section 607.0505, Flori | thonzed da Statu | by the ites. | e corporation | n's board of directors, Frieleby accep | и ине арропи | hanging its tment as re | registered gistered | , |
| office or n agent. I a | egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I | thorized da Statut Registered A | by the ites. | e corporation | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | | <u>.</u> | - (86 |
| office or n agent. I a SIGNATURE | egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I D DIRECTORS | thorized da Statui | by the | e corporation | n's board of directors, Frieleby accep | DATE | | <u>.</u> | .11/98) _ |
| office or nagent. I a SIGNATURE 12. | egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed of printed name of registered agent OFFICERS AND PD | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I | thorized da Status Registered A 13. | Agent sig | e corporation | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | DIRECTO | RS IN 12 | 74.(11/98) |
| office or nagent. I all SIGNATURE 12. TITLE NAME | egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed of printed name of registered agent OFFICERS AND PD WALDMAN, WALLACE E., MD | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I D DIRECTORS | Registered A 13. 1.1 TITL 1.2 NAA | Agent sig | gnature required | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | DIRECTO | RS IN 12 | =034 (11/98) |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I D DIRECTORS | Registered A 1.1 TITL 1.2 NAA | Agent sig | gnature required | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | DIRECTO | RS IN 12 | R2E034 (11/98) |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed of printed name of registered agent OFFICERS AND PD WALDMAN, WALLACE E., MD | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I D DIRECTORS | Registered A 1.1 TITL 1.2 NAA | Agent sig | gnature required | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | DIRECTO | RS IN 12 | . CR2E034 (11/98) |
| office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I DIRECTORS | Registered A 13. 1.1 TITL 1.2 NAA 1.3 STE 1.4 CITT 2.1 TITL | Agent sig | gnature required | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | D DIRECTO | RS IN 12 | CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I DIRECTORS | Registered A 13. 1.1 TTL 1.2 NAA 1.3 STF 1.4 CTT 2.1 TTL 2.2 NAA | Agent sig | gnature required | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | D DIRECTO | RS IN 12 | CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I DIRECTORS | Registered A 13. 1.1 TTL 1.2 NAA 1.3 STF 1.4 CTT 2.1 TTL 2.3 STF | Agent sig LE ME REET ADI Y-ST-ZI LE | gnature required DDRESS | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | D DIRECTO Change | RS IN 12 Addition | CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I DIRECTORS | Registered A 13. 1.1 TTL 1.2 NAA 1.3 STF 1.4 CTT 2.1 TTL 2.3 STF | Agent sig | gnature required DDRESS | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | D DIRECTO | RS IN 12 | CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. [NOTE: I DIRECTORS DELETE | Registered A 13. 1.1 TITL 12 NAA 1.3 STF 1.4 CITT 2.1 TITL 2.3 STF 2.4 CIT 2.4 CIT | Agent sig | gnature required DDRESS | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | D DIRECTO Change | RS IN 12 Addition | CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. [NOTE: I DIRECTORS DELETE | 13. 1.1 TITL 12 NAM 1.3 STF 2.1 TITL 2.1 TITL 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM | Agent sig | pnature required DRESS DRESS | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | D DIRECTO Change | RS IN 12 Addition | (L CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida: Such change was autons of, Section 607.0505, Floriand title if applicable. (NOTE: 1) | Registered A 13. 1.1 TITL 12 NAM 1.3 STF 2.1 TITL 22 NAM 2.3 STF 2.4 CIT 3.1 TITL 32 NAM 3.3 STF 3.4 CIT | Agent sig LE ME REET ADI Y-ST-ZI LE ME REET ADI TY-ST-Z LE ME REET ADI TY-ST-Z | prature required DORESS DORESS DORESS | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | D DIRECTO Change Change | RS IN 12 Addition Addition | (CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. [NOTE: I DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STF 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.3 ST | Agent sig LE ME REET ADI Y-ST-ZI LE ME REET ADI TY-ST-Z LE ME REET ADI TY-ST-Z | prature required DORESS DORESS DORESS | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | D DIRECTO Change | RS IN 12 Addition | (CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida: Such change was autons of, Section 607.0505, Floriand title if applicable. (NOTE: 1) | 13. 1.1 TITL 1.2 NAM 1.3 STF 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 4.4 CIT 4.1 TITL 4.2 NAM 4.2 NA | Agent signal Agent | preture required DDRESS DDRESS DDRESS DDRESS | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | D DIRECTO Change Change | RS IN 12 Addition Addition | CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida: Such change was autons of, Section 607.0505, Floriand title if applicable. (NOTE: 1) | 13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF | LE ME REET AD REET AD ME REET AD | preture required DORESS DORESS DORESS DORESS | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | D DIRECTO Change Change | RS IN 12 Addition Addition | (CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was autons of, Section 607.0505, Floriand title if applicable. (NOTE: 1) | 13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 1.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.2 NAM 4.3 STF 4.4 CIT 4.2 NAM 4.3 STF 4.2 NA | LE ME REET AD ME LE ME REET AD ME | preture required DORESS DORESS DORESS DORESS | when reinstating) ADDITIONS/CHANGES TO OF | DATE | D DIRECTO Change Change Change | RS IN 12 Addition Addition | (CR2E034 (11/98) |
| office or ragent. I all signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida: Such change was autons of, Section 607.0505, Floriand title if applicable. (NOTE: 1) | 13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 1.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.1 | LE ME REET AD ME | preture required DORESS DORESS DORESS DORESS | n's board of directors, rinereby acceptions are supported by the support of the s | DATE | D DIRECTO Change Change | RS IN 12 Addition Addition | CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was autons of, Section 607.0505, Floriand title if applicable. (NOTE: 1) | 13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 1.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.2 NAM 5.3 N | ME REET AD DE TY-ST-ZI LE MME | preture required DORESS DORESS DORESS DORESS DORESS DORESS | when reinstating) ADDITIONS/CHANGES TO OF | DATE | D DIRECTO Change Change Change | RS IN 12 Addition Addition | CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was autons of, Section 607.0505, Floriand title if applicable. (NOTE: 1) | 13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 4.4 CIT 4.1 TITL 4.2 NA 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF | ME REET AD DE LE MAGE TA DE LE ME REET AD DE LE MAGE TA DE | preture required DORESS DORESS DORESS DORESS DORESS DORESS | when reinstating) ADDITIONS/CHANGES TO OF | DATE | D DIRECTO Change Change Change | RS IN 12 Addition Addition | (CR2E034 (11/98) |
| office of r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. [NOTE: i DIRECTORS DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STF 2.2 NAM 2.3 STF 2.4 CIT 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF 5.4 CIT 5.4 CI | Dy the titles. Agent sign and the titles. ME REET AD Agent sign and the titles. ME | preture required DORESS DORESS DORESS DORESS DORESS DORESS | when reinstating) ADDITIONS/CHANGES TO OF | DATE | D DIRECTO Change Change Change | RS IN 12 Addition Addition Addition | (CR2E034 (11/98) |
| office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was autons of, Section 607.0505, Floriand title if applicable. (NOTE: 1) | 13. 1.1 TITL 1.2 NAM 1.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF 5.4 CIT 6.1 TITL 6.1 | Dy the state of th | preture required DORESS DORESS DORESS DORESS DORESS DORESS | when reinstating) ADDITIONS/CHANGES TO OF | DATE | D DIRECTO Change Change Change | RS IN 12 Addition Addition | CR2E034 (11/98) |
| office of r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed of printed name of registered agent. OFFICERS AND PD WALDMAN, WALLACE E., MD 721 CONCHSHELL MANOR | Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. [NOTE: i DIRECTORS DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF 5.4 CIT 6.1 TITL 6.2 NAM 6.2 NAM 6.2 NAM 6.2 NAM 6.2 NAM 6.3 | Dy the state of th | preture required DORESS DORESS DORESS DORESS DORESS DORESS DORESS | when reinstating) ADDITIONS/CHANGES TO OF | DATE | D DIRECTO Change Change Change | RS IN 12 Addition Addition Addition | (CR2E034 (11/98) |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: