

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90233 043 ***150.00

DOCUMENT # J22167

1. Entity Name
SARASOTA CENTER FOR DIGESTIVE DISEASES, P.A.



Principal Place of Business
% CHARLES J. LOEWE
1217 EAST AVE. S. #301
SARASOTA FL 34239

Mailing Address
% CHARLES J. LOEWE
1217 EAST AVE. S. #301
SARASOTA FL 34239



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2686016**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOEWE, CHARLES J
1217 EAST AVE. S.
SUITE 301
SARASOTA FL 34239

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **LOEWE, CHARLES J.**
CITY-ST-ZIP **1217 E. AVE. S. #301**
SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
Loewe, Charles J.
3325 S. Tamiami Trail
Sarasota, FL 34239

☒ Change ☐ Addition

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **BADIL, CYRUS A**
CITY-ST-ZIP **1217 E AVENUE S #301**
SARASOTA FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V.P.D.
Badil, Cyrus A
3325 S. Tamiami Trail
Sarasota, FL 34239

☒ Change ☐ Addition

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

Charles J. Loewe

Date

Daytime Phone #

CR2E034 (10/02)