

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77658

1. Entity Name
ST. AUGUSTINE ENDOSCOPY CENTER, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90029 048 ***150.00

Principal Place of Business
212 S. PARK CIRCLE EAST
ST. AUGUSTINE FL 32086

Mailing Address
212 S. PARK CIRCLE EAST
ST. AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2947745**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIFF, MICHAEL D.
212 S. PARK CIRCLE EAST
ST. AUGUSTINE FL 32086

Name
Santiago A. Rosado

Street Address (P.O. Box Number is Not Acceptable)
212 Southpark Cir. E.

City
St. Augustine

FL

Zip Code
32086

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

Santiago A. Rosado

2/22/01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SCHIFF, MICHAEL D. | |
| STREET ADDRESS | 212 SOUTHPARK CIRCLE E | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ROSADO, SANTIAGO A | |
| STREET ADDRESS | 212 SOUTH PARK CIRCLE EAST | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VILLANUEVA, STEVEN Y | |
| STREET ADDRESS | 212 SOUTHPARK CIR E | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32086 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CAVACINI, TIMOTHY J | |
| STREET ADDRESS | 212 SOUTHPARK CIR E | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32086 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Schiff, Michael D. | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Santiago A. Rosado | |
| 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 | | |
| 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.

Santiago A. Rosado

(904)824-6108

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/00)