

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90076 020 \*\*\*150.00

**DOCUMENT # K77658**

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

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  
**216 Southpark Cir. E.**

3. Mailing Address  
**216 Southpark Cir. E.**

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

**ROSADO, SANTIAGO A**  
**212 S. PARK CIRCLE EAST**  
**ST. AUGUSTINE FL 32086**

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.

SIGNATURE

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

(NOTE: Registered Agent 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, 2002 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 **D** ☐ Delete  
 NAME **SCHIFF, MICHAEL D.**  
 STREET ADDRESS **212 SOUTH PARK CIRCLE E**  
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☒ Change ☐ Addition  
 NAME **216 Southpark Cir. E.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME **ROSADO, SANTIAGO A**  
 STREET ADDRESS **212 SOUTH PARK CIRCLE EAST**  
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☒ Change ☐ Addition  
 NAME **216 Southpark Cir. E.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **VILLANUEVA, STEVEN Y**  
 STREET ADDRESS **212 SOUTH PARK CIRCLE E**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☒ Change ☐ Addition  
 NAME **216 Southpark Cir. E.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CAVACINI, TIMOTHY J**  
 STREET ADDRESS **212 SOUTH PARK CIRCLE E**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☒ Change ☐ Addition  
 NAME **216 Southpark Cir. E.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **Soroka, Stuart A.**  
 CITY-ST-ZIP **216 Southpark Cir. E.**  
**St. Augustine, FL 32086**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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, M.D.** (904) 824-6108

SIGNATURE: *[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)