

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90034 018 \*\*\*\*50.00

**DOCUMENT # L01000006724**

1. Entity Name

**PALM ENDOSCOPY CENTER, LLC**

Principal Place of Business

**C/O DIGESTIVE DISEASE CONSULTANTS  
 661 E. ALTAMONTE DR., STE. 325  
 ALTAMONTE SPRINGS FL 32701**

Mailing Address

**C/O DIGESTIVE DISEASE CONSULTANTS  
 661 E. ALTAMONTE DR., STE. 325  
 ALTAMONTE SPRINGS FL 32701**

903783



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1106865

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LEBIODS, DAVID H M.D.  
 661 E. ALTAMONTE DR., STE. 325  
 ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name **Lebioda, David H M.D.**

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

*David H Lebioda*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/02

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **LEBIODA, DAVID H M.D.**  
 STREET ADDRESS **661 EAST ALTAMONTE DR., STE. 325**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*David H Lebioda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/7/02

CR2E083 (9/01)