

1/28/

FILED
May 01, 2002 8:00 am
Secretary of State

01-28-2002 90022 041 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012115

1. Entity Name

CENTER FOR DIGESTIVE ENDOSCOPY, LLC

Principal Place of Business

1817 N. MILLS AVE.
ORLANDO FL 32703

Mailing Address

1817 N. MILLS AVE.
ORLANDO FL 32703

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

59-3737104

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUDEMAN, WILLIAM B M.D.
 1817 N. MILLS AVE.
 ORLANDO FL 32703

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 state if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	RUDEMAN, WILLIAM B M.D.	1817 N. MILLS AVE.	ORLANDO FL 32703	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	LEVINE, HENRY M.D.	1817 N. MILLS AVE.	ORLANDO FL 32703	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	STYNE, PHILIP N M.D.	1817 N. MILLS AVE.	ORLANDO FL 32703	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	FEINER, STEVEN D D.O.	1817 N. MILLS AVE.	ORLANDO FL 32703	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

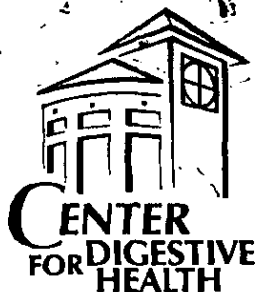
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/01 407-896-1726

Date

Daytime Phone #

CP2E083 (9/01)



March 8, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Henry Levine M.D., F.A.C.P.
Philip N. Styne M.D.
Steven D. Feiner D.O.
William B. Ruderman M.D., F.A.C.P., F.A.C.G.
David G. Rzepczynski M.D., F.A.C.G.

Re: Center for Digestive Endoscopy, LLC
Ref# L01000012115

To Whom It May Concern: _____

The above-mentioned corporation, Center for Digestive Endoscopy has undergone a corporation change since the initial filing of the Uniform Business Report. It will no longer be listed as a LLC and has been issued a new tax ID number. The LLC corporation status is being dissolved. According to your representative, there will be no need to file the Uniform Business report, as it is not required in the first year. For this reason, they requested this letter to be written so our payment of \$50 can be returned at this time.

If you have any questions, please do not hesitate to contact me at (407) 241-3244.

Thank you.

Cheryl A. Biggs
Director of Finance

MAIN OFFICE
1817 North Mills Avenue
Orlando, Florida 32803
office (407) 896-1726
fax (407) 896-9716
1-800-633-4223

LAKE MARY
4106 West Lake Mary Blvd.
Suite 201
Lake Mary, Florida 32746

KISSIMMEE
102 Park Place Blvd.
Building A, Suite 1
Kissimmee, Florida 34741

Attachment
[Redacted]
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