

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000467

1. Entity Name

CENTER FOR DIGESTIVE HEALTH & PAIN MANAGEMENT, L

Principal Place of Business

12700 CREEKSIDE LANE, SUITE 202
FORT MYERS FL 33919

Mailing Address

12700 CREEKSIDE LANE, SUITE 202
FORT MYERS FL 33919-3343

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

65-0826680

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
KINI, MUKUND M.D. ☐ Delete
STREET ADDRESS 12700 CREEKSIDE LANE, SUITE 202
CITY- ST- ZIP FORT MYERS FL 33919

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

TITLE NAME MGR
PECK, DAVID ☐ Delete
STREET ADDRESS 2255 GLADES ROAD, SUITE 416-A
CITY- ST- ZIP BOCA RATON FL 33431

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Change ☐ Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAR 30 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

inf 4/10



DO NOT WRITE IN THIS SPACE

CR2E063 (9/99)