

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90063 022 ***150.00

DOCUMENT # **P01000062582** ✓
1. Entity Name
Digestive Health Specialists, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1070 N. Stone Street Suite, Apt. #, etc. Suite D City & State Deland, FL Zip 32720 Country U.S.	3. Mailing Address 1070 N. Stone Street Suite, Apt. #, etc. Suite D City & State Deland, FL Zip 32720 Country U.S.
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DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3736895 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Paul B. Goldberg, M.D.**
Street Address (P.O. Box Number is Not Acceptable)
1070 N. Stone Street
Suite D
City **Deland** FL Zip Code **32720**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Paul B. Goldberg, M.D. 1070 N. Stone St., Suite D. Deland, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY MARTIN GINO F. PRADO, M.D. 1070 N. Stone St., Suite D Deland, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER Bharatkumar C. Patel, M.D. 1070 N. Stone St., Suite D Deland, FL 32720
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (386)822-9410

Date

Daytime Phone #

CR2E034B (12/01)