

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000065168**

1. Entity Name

GASTROENTEROLOGY AND NUTRITION SPECIALIST P.A.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90157 037 ***150.00

Principal Place of Business

6628 WINDER LYNN LANE
ORLANDO FL 32819

Mailing Address

6628 WINDER LYNN LANE
ORLANDO FL 32819**80029314**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6628 Winder Lynne Lane

Suite, Apt. #, etc.

3. Mailing Address

6628 Winder Lynne Lane

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3728793

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

MOHIUDDIN, MUHAMMAD A MD**6628 WINDER LYNN LANE****ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6628 Winder Lynne Lane

City

FL

Zip Code

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	MOHIUDDIN, MUHAMMAD A MD			
	6628 WINDER LYNN LANE			
	ORLANDO FL 32819			

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02**4078430443**

Date

Daytime Phone #

CR2E034 (9/01)