2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000071953

Entity Name: FLORIDA DIGESTIVE AND LIVER SPECIALISTS, P.A.

Current Principal Place of Business:

25 E. SILVER PALM AVE.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

PO BOX 1988
MELBOURNE, FL 32901

New Mailing Address:

PO BOX 1988
MELBOURNE, FL 32903

FEI Number: 59-3733398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOSTRO, VICTOR S
1825 RIVERVIEW DR.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GADALLAH, SHIREEN
Address: 3052 JACOBAEUS LN.
City-St-Zip: INDIALANTIC, FL 32903

Title: D ( ) Delete
Name: FARID, MAGED
Address: 3052 JACOBAEUS LN.
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: GADALLAH, SHIREEN
Address: 3052 JACOBAEUS LN.
City-St-Zip: INDIALANTIC, FL 32903

Title: DR (X) Change ( ) Addition
Name: FARID, MAGED
Address: 3052 JACOBAEUS LN.
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGED FARID DR 04/30/2002

Electronic Signature of Signing Officer or Director — Date