

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90230 002 ***150.00

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1. Entity Name
PALM COAST GASTROENTEROLOGY, P.A.

61
Principal Place of Business
**80 MEMORIAL MEDICAL PARK, SUITE 3811
PALM COAST FL 32164**

61
Mailing Address
**80 MEMORIAL MEDICAL PARK, SUITE 3811
PALM COAST FL 32164**

2. Principal Place of Business
61 Memorial Medical Park
Suite, Apt. #, etc.
Suite 3811

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Palm Coast, FL
Zip
32164
Country
USA

City & State
Zip
Country

4. FEI Number (TIN#)
03-0473957

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

61
COMBS, WALLACE M
80 MEMORIAL MEDICAL PARK, SUITE 3811
PALM COAST FL 32164

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Wm Combs**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/3
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **COMBS, WALLACE M**
STREET ADDRESS **80 MEMORIAL MEDICAL PARK, SUITE 3811**
CITY-ST-ZIP **PALM COAST FL 32164**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Wm Combs**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/3

386-586-6611

CR2E034 (10/02)