2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State
02-07-2000 90006 045 ***150.00

DOCUMENT # P93000000122

1. Entity Name

ADVANCED GASTROENTEROLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
2595 TAMPA ROAD SUITE K PALM HARBOR FL 34684	2595 TAMPA ROAD SUITE K PALM HARBOR FL 34684-3131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2595 Tampa Road	2595 Tampa Road
Suite, Apt. #, etc.: Suite E	Suite, Apt. #, etc.: Suite E
City & State: Palm Harbor, FL	City & State: Palm Harbor, FL
Zip: 34684 Country: US	Zip: 34684 Country: US

4. FEI Number 59-3157812 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DICKINSON, ROBERT C III 33920 US HIGHWAY 19 N SUITE 200 PALM HARBOR FL 34684	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 Jawahar Lal Taunk DATE 1/20/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAUNK, JAWAHAR 2595 TAMPA ROAD, STE. K PALM HARBOR FL 34684 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Taunk, Jawahar 2595 Tampa Rd, Ste E. Palm Harbor, FL. 34684 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: Jawahar Lal Taunk 1/20/00 1/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — JAWAHAR L. TAUNK   Date   Daytime Phone #