

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90028 032 \*\*\*158.75

**DOCUMENT # P93000062045**

1. Entity Name

**CENTRAL FLORIDA GASTROENTEROLOGY, P.A.**

Principal Place of Business

**1061 MEDICAL CENTER DR  
 103  
 ORANGE CITY FL 32763  
 US**

Mailing Address

**1061 MEDICAL CENTER DR  
 103  
 ORANGE CITY FL 32763  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3198516**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PARIKH, NITIN J MD  
 1061 MEDICAL CENTER DR  
 #103  
 ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent

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

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 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	DP PARIKH, NITIN J MD 1061 MEDICAL CENTER DR, STE 103 ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NAVARRO, FELIX A JR 1061 MEDICAL CENTER DR #103 ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PARIKH, PURNA 1061 MEDICAL CENTER DR #103 ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**SIGNATURE: X** *[Signature]* **SIGNATURE REQUIRED** **NITIN J. PARIKH** **01-10-02** **(386) 775-4730**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)