2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State
08-29-2002 90005 004 ***150.00

DOCUMENT # P96000037063

1. Entity Name
G.I. AFFILIATES, INC.

Principal Place of Business	Mailing Address
2140 W. 68 STREET SUITE 305 HIALEAH FL 33016	P.O. BOX 56-0624 MIAMI FL 33256

DO NOT WRITE IN THIS SPACE

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 65-0684876 ☐ 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
PADILLA, VICTOR JR. 2140 W. 68 STREET SUITE 305 HIALEAH FL 33016	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 _____
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 $550.00
After September 13, 2002 Fee will be $750.00
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 MADERAL, RAD 2140 W 68TH STREET #305 HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINA, GEMA 2140 W 68TH STREET #305 HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PADILLA JR, VICTOR 2140 W 68TH STREET #305 HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTANEDA, JORGE X 2140 W 68TH STREET #305 HIALEAH FL 33016	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

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: SIGNATURE REQUIRED 8/20/02 305-822-4107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 977347
#P96000037063

DIGESTIVE MEDICINE ASSOCIATES

FRANCISCO R. MADERAL, M.D.
VICTOR M. PIÑA, M.D.
VICTOR M. PADILLA, III, M.D., F.A.C.P.,F.A.C.G.
JORGE D. CASTAÑEDA, M.D.
MARK S. AVILA, M.D.
JOSÉ L. MARTINEZ, M.D.
JUAN J. CARRERE, M.D.

DIPLOMATES, AMERICAN BOARD OF INTERNAL MEDICINE, GASTROENTEROLOGY AND HEPATOLOGY

August 19, 2002

Florida Department of State
Division of Corporations
Uniform Business Reports
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please accept our check enclosed for the amount of $150 for 2002 Uniform Business Report, DOC# P96000037063.

On August 15th, we contacted your office to inform that this has been the first notice we have received. As a result of this call, we were instructed to mail in the check excluding the late fee, attached to this notice.

Should you need additional information, please feel free to contact our offices at your convenience.

Sincerely,

Nodal

Mayelin Nodal
Administrator

PALMETTO DIAGNOSTIC CENTER
2140 WEST 68 ST., SUITE 300
HIALEAH, FLORIDA 33016

TELEPHONE: 305-822-4107 • FACSIMILE: 305-822-5086
MAILING ADDRESS:
P.O. BOX 59-0624, MIAMI, FLORIDA 33259-0624

CORAL GABLES OFFICE
3133 PONCE DE LEON BLVD.