APPROVED AND FILED

03 SEP 11 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056710

1. Entity Name
GASTROENTEROLOGY CONSULTANTS OF CENTRAL FLORIDA, P.A.

Principal Place of Business
7824 LAKE UNDERHILL
STE A
ORLANDO, FL 32822 US

Mailing Address
7824 LAKE UNDERHILL
STE A
ORLANDO, FL 32822 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3385912 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
TALLEY, JAMES M
20 NORTH ORANGE AVENUE
SUITE 1600
ORLANDO, FL 32802

7. Name and Address of New Registered Agent
Name: Ivan M. Lefkowitz
Street Address (P.O. Box Number is Not Acceptable): 430 North Mills Avenue
City: Orlando FL Zip Code: 32803

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 _____ 9-8-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
P SHULTZ, ROBERT 7824 LAKE UNDERHILL STE A ORLANDO, FL	☐
ST MOORE, KEITH 7824 LAKE UNDERHILL STE A ORLANDO, FL	☐
	☐
	☐
	☐
	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ ☐
	☐ ☐
100023017181 09/12/03--01035--006 **585.00	☐ ☐
	☐ ☐
	☐ ☐
	☐ ☐

CR2E034 (10/02)

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: _____ 9/5/03 407277 8665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #