

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91614 001 ***150.00

DOCUMENT # P97000021204

1. Entity Name
SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.

Principal Place of Business
1325 S CONGRESS AVE
SUITE 211
BOYNTON BEACH FL 33426
US

Mailing Address
1325 S CONGRESS AVE
SUITE 211
BOYNTON BEACH FL 33426
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 **65-0736246**

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

MENKHAUS, DAVID J
4800 NORTH FEDERAL HWY
SUITE 210-A
BOCA RATON FL 33431

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **DEGEROME, JAMES H**
STREET ADDRESS **1422 S. ATLANTIC DRIVE EAST**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **D** ☐ Change ☒ Addition
NAME **Milgrim, Richard**
STREET ADDRESS **2166 Fall River Drive**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE **VD** ☐ Delete
NAME **BROWN, MARK**
STREET ADDRESS **3159 N.W. 59TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ Change ☒ Addition
NAME **McGuire, Daniel**
STREET ADDRESS **5507 N. Military Trail**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **TD** ☐ Delete
NAME **DOSCH, MARK R**
STREET ADDRESS **4615 PINE TREE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **D** ☐ Change ☒ Addition
NAME **Gach, Barry**
STREET ADDRESS **4165 N.W. 58th Lane**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **SD** ☐ Delete
NAME **LOPEZ-TORRES, AUGUSTO**
STREET ADDRESS **3025 SALERNO WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D** ☐ Change ☒ Addition
NAME **Welch, Patrick**
STREET ADDRESS **7420 Westlake Drive**
CITY-ST-ZIP **West Palm Bch., FL 33406**

TITLE **D** ☐ Delete
NAME **ALALU, JAMIE**
STREET ADDRESS **18 HUDSON AVENUE**
CITY-ST-ZIP **OCEAN RIDGE FL 33435**

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

TITLE **AS** ☐ Delete
NAME **TERRS, FREEMOND**
STREET ADDRESS **501 SW 113TH AVE**
CITY-ST-ZIP **PEMROKE PINES FL**

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

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 **561-740-2900**
 Date Daytime Phone #

CR2E034 (9/01)