

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90045 013 ***550.00

0156641 FP

DOCUMENT # P97000037716
1. Entity Name
PALM BEACH GASTROENTEROLOGY CONSULTANTS, INC.



Principal Place of Business
**12938 SOUTHERN BLVD
BUILD 4 STE 202
LOXAHATCHEE FL 33470
US**

Mailing Address
**12983 SOUTHER BLVD
BUILD 4 STE 202
LOXAHATCHEE FL 33470
US**

2. Principal Place of Business
1157 S. SR #7
Suite, Apt. #, etc.

3. Mailing Address
1157 S. SR #7
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
WELLINGTON, FL
Zip
33414 Country
USA

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WELLINGTON, FL
Zip
33414 Country
USA

4. FEI Number
65-0747434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRIPURANENI, KRISHNA MD
12983 SOUTHERN BLVD
BUILD 4 STE 202
LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name
TRIPURANENI, KRISHNA
Street Address (P.O. Box Number is Not Acceptable)
1157 S. SR #7
City
LOXAHATCHEE FL Zip Code
33414

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
**D
TRIPURANENI, KRISHNA MD
12983 SOUTHERN BLVD., BUILD 4 STE 202
LOXAHATCHEE FL 33470** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TRIPURANENI, KRISHNA
1157 S. SR #7
WELLINGTON, FL 33414** ☒ Change ☐ Addition

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

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-03

Date

Daytime Phone #

CR2E034 (4/03)