

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 27, 2001 8:00 am
Secretary of State

07-06-2001 90206 016 ***150.00
 07-27-2001 90006 031 ***400.00

DOCUMENT # P97000107769
 1. Entity Name
FLORIDA GASTROENTEROLOGY SPECIALISTS, P.A.

Principal Place of Business 2401 FRIST BOULEVARD SUITE 3 FT. PIERCE FL 34950	Mailing Address 2401 FRIST BOULEVARD SUITE 3 FT. PIERCE FL 34950
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **65-0807000** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KLEIN, STUART B
1551 FORUM PLACE
SUITE 400B
WEST PALM BEACH FL 33401

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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	RAM, LEONARD J	
STREET ADDRESS	2401 FRIST BOULEVARD STE. 3	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUNUS, HOWARD B.	
STREET ADDRESS	2401 FRIST BLVD, STE 3	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Leonard J. Ram, M.D. **16-28-01 (561) 466-5020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

FLORIDA GASTROENTEROLOGY SPECIALISTS, P.A.
2401 Frist Blvd, suite #3
Fort Pierce, FL 34950
(561)466-5020

P97000107769



B0060820

June 28, 2001

Division of Corporations
Uniform Business Report Filings
P.O. box 1500
Tallahassee, FL 32302-1500

Re: Document #P97000107769
FEI #65-0807000

To whom it may concern,

Enclosed please find our 2001 Uniform Business Report, along with our check for \$150.00. Please excuse the lateness of our filing. We have been training a new girl in our accounts payable department, and she did not realize that this was something that needed to be paid, so she filed it accidentally. We have always filed our report and fees on a timely manner in the past. We are asking you to please understand that this was not intentional on our part. If you need any further information regarding this matter, please telephone me at (561)466-5020.

Respectfully,

A handwritten signature in cursive script that reads "Joan B. Gullotti".

Joan B. Gullotti
Practice Manager

JTG
enclosure



P97000107769
B0060820

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 9, 2001

FLORIDA GASTROENTEROLOGY SPECIALISTS, P.A.
2401 FRIST BOULEVARD
SUITE 3
FT. PIERCE, FL 34950

Subject: **FLORIDA GASTROENTEROLOGY SPECIALISTS, P.A.**

Reference Number: **P97000107769**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

(There is a balance due of \$400.00.)

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JG
ANNUAL REPORTS SECTION

ATTN: UNIFORM

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

409 E. GAINES ST.