## FILED " '2001 UNIFORM BUSINESS REPORT (UBR) Jul 27, 2001 8:00 am **Secretary of State** DOCUMENT # P97000107769 07-06-2001 90206 016 \*\*\*150.00 FLORIDA GASTROENTEROLOGY SPECIALISTS, P.A. 07-27-2001 90006 031 \*\*\*400.00 Principal Place of Business Malling Address 2401 FRIST BOULEVARD 2401 FRIST BOULEVARD SUITE 3 SUITE 3 FT. PIERCE FL 34950 FT. PIERCE FL 34950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0807000 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLEIN, STUART B Street Address (P.O. Box Number is Not Acceptable) 1551 FORUM PLACE SUITE 400B WEST PALM BEACH FL 33401 City 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 algorature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete Addition CR2E034 (10/00) TITLE THIF Change MAUNUS, HOWARD B RAM, LEONARD J NAME NAME 2401 FRIST BLVD, STE 3 2401 FRIST BOULEVARD STE. 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL 34950 CITY-ST-719 FORT PIERCE FL. 34950 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS

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 tostee 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 exercise.

CITY - ST - ZIP

SIGNATURE:

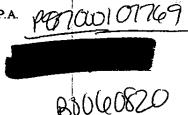
CITY-ST-ZIP

eonard J. RAM, M.D. 6-28-01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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## FLORIDA GASTROENTEROLOGY SPECIALISTS, P.A.

2401 Frist Blvd., suite #3 Fort Pierce, FL. 34950 (561)466-5020



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. <u>Please</u> excuse the lateness of our filling. 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,

Ash BSullot

Joan B. Gullotti Practice Manager

JTG enclosure



P97000107769 Boble0820

## 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

.P97000107769

Number:

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. GAING ST.