

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90249 028 ***150.00

DOCUMENT # P98000022475

1. Corporation Name

GASTROENTEROLOGY & ADVANCED ENDOSCOPY CONSULTANT
S. P.A.

Principal Place of Business

9980 CENTRAL PARK BLVD., NORTH
SUITE 212
BOCA RATON FL 33428

Mailing Address

9980 CENTRAL PARK BLVD., NORTH
SUITE 212
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

65-0823354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

DIAMOND, BARRY A ESQUIRE
5701 N. PINE ISLAND RD., STE. 250
FT. LAUDERDALE FL 33321

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME JACOB, LESLIE M.D.
STREET ADDRESS 8533 S.W. 5TH ST., #309
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE VPT ☒ DELETE

NAME JACOB, LESLIE M.D.
STREET ADDRESS 8533 S.W. 5TH ST., #309
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD VPT ☒ Change ☐ Addition

1.2 NAME Jacob, Leslie M.D.
1.3 STREET ADDRESS 9980 Central Park Blvd N, Ste 212
1.4 CITY-ST-ZIP BOCA RATON, FL 33428

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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

Leslie Jacob 4/13/99
Pres. Dent

954-222-7580
Daytime Phone #

CR2E034 (11/98)