

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90091 020 \*\*\*150.00

DOCUMENT # P98000022475

1. Entity Name

GASTROENTEROLOGY & ADVANCED ENDOSCOPY CONSULTANT

00020481



DO NOT WRITE IN THIS SPACE

|                                                                                                                                               |         |                                                                                                                               |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------|---------|
| Principal Place of Business<br>9980 CENTRAL PARK BLVD., NORTH<br>SUITE 212<br>BOCA RATON FL 33428                                             |         | Mailing Address<br>9980 CENTRAL PARK BLVD., NORTH<br>SUITE 212<br>BOCA RATON FL 33428                                         |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                         |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                     |         |
| City & State                                                                                                                                  |         | City & State                                                                                                                  |         |
| Zip                                                                                                                                           | Country | Zip                                                                                                                           | Country |
| 4. FEI Number 65-0823354                                                                                                                      |         | Applied For<br>Not Applicable                                                                                                 |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                     |         | \$8.75 Additional Fee Required                                                                                                |         |
| 6. Name and Address of Current Registered Agent<br><br>DIAMOND, BARRY A ESQUIRE<br>5701 N. PINE ISLAND RD.,STE.250<br>FT. LAUDERDALE FL 33321 |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 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                     |                                                                                                                             | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSDT<br>JACOB, LESLIE M.D.<br>9980 CENTRAL PARK BLVD N STE 212<br>BOCA RATON FL 33428 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PSDTV<br>Jacob, Leslie M.D.<br>9980 Central Park Blvd N, Ste 212<br>Boca Raton, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>JACOB, LESLIE M.D.<br>9980 CENTRAL PARK BLVD STE 212<br>BOCA RATON FL 33428 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie Jacob  
President

2/6/01  
Date

561-218-9449  
Daytime Phone #

CR2E034 (10/00)