

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90116 003 \*\*\*150.00

DOCUMENT # **P98000022475**

1. Entity Name

**Gastroenterology & Advanced  
Endoscopy Consultants, P.A.**



**DO NOT WRITE IN THIS SPACE**

**90036148**

2. Principal Place of Business

**9070 Kimberly Blvd**

Suite, Apt. #, etc.

**22**

City & State

**Boca Raton, FL**

Zip

**33434**

Country

**USA**

3. Mailing Address

**9070 Kimberly Blvd**

Suite, Apt. #, etc.

**22**

City & State

**Boca Raton, FL**

Zip

**33434**

Country

**USA**

4. FEI Number

**65-0823354**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Diamond Barry A. Esquire**

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

**570 N. Pine Island Rd**

**# 250**

City

**Ft Lauderdale**

**FL**

Zip Code

**33321**

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
**PSB TV**  
**Jacob, Leslie M.D.**  
**9070 Kimberly Blvd, # 22**  
**Boca Raton, FL 33434**

TITLE  
NAME  
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CR2E034B (12/02)

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 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, M.D.** **2/15/03** **561-482-4110**  
**Director** Date Daytime Phone #