

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000042309**

1. Entity Name

**GASTROENTEROLOGY PARTNERS, P.A.****FILED****Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90065 026 \*\*\*150.00

Principal Place of Business

Mailing Address

5101 SW 8TH STREET  
2ND FLOOR  
CORAL GABLES FL 331345101 SW 8TH STREET  
2ND FLOOR  
CORAL GABLES FL 33134-2442

2. Principal Place of Business

4800 S.W 8<sup>th</sup> St  
Suite, Apt. #, etc.

3. Mailing Address

4800 S.W 8<sup>th</sup> St  
Suite, Apt. #, etc.

City &amp; State

CORAL GABLES, FL

City &amp; State

CORAL GABLES, FL

Zip

33134

Country

DADE

Zip

33134

Country

DADE

6. Name and Address of Current Registered Agent

HERNANDEZ, MOISES E  
5101 SW 8TH STREET  
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

SAME

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

4800 S.W 8<sup>th</sup> St.

City

CORAL GABLES

FL

Zip Code

33134

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, EUGENIO J	
STREET ADDRESS	5101 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MOISES E	
STREET ADDRESS	5101 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL 33134	
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	<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	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #