

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

0177932 AV

DOCUMENT # P98000079540

1. Entity Name
**GASTROENTEROLOGY & RHEUMATOLOGY ASSOCIATES OF SO
 UTH FLORIDA, P.A.**

01-31-2002 90067 011 ***150.00

Principal Place of Business
**3080 NW 99TH AVENUE
 SUITE 301
 CORAL SPRINGS FL 33065**

Mailing Address
**3080 NW 99TH AVENUE
 SUITE 301
 CORAL SPRINGS FL 33065**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0863901**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVER, DAVID R M.D.
 3080 NW 99TH AVENUE
 SUITE 301
 CORAL SPRINGS FL 33065**

Name

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

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, 2002 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
D ☐ Delete
 NAME
SILVER, DAVID R M.D.
 STREET ADDRESS
3080 NW 99TH AVENUE
 CITY-ST-ZIP
CORAL SPRINGS FL 33065

TITLE
☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
D ☐ Delete
 NAME
SILVER, FRANCES S M.D.
 STREET ADDRESS
3080 NW 99TH AVENUE
 CITY-ST-ZIP
CORAL SPRINGS FL 33065

TITLE
☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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:

David R Silver
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 *9547*
755-7991
 Date Daytime Phone #

CR2E034 (9/01)