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12700 CREEKSIDE LIME SUPPLIES IT 33919  2. Princepal Pace of Business  3. Mailting Address  5. State  2. Princepal Pace of Business  2. Princepal Pace of Business  3. Mailting Address  5. State  2. Do NOT WRITE IN THIS SPACE  2. Do NOT WRITE IN THIS SPACE  3. Applied For Took Again  2. Princepal Pace of Business  3. Mailting Address  5. Contract  2. Do NOT WRITE IN THIS SPACE  4. FEI Number 59-3080048  A Applied For Took Again  5. Contract  7. Name and Address of New Registered Agent  Name  6. Name and Address of Current Registered Agent  Name  6. Name and Address of Current Registered Agent  Name  7. Name and Address of New Registered Agent  Name  6. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  Name  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Pionda.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible  1. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Pionda.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to satisfy its Intangible  1. This corporation is eligible to s	Principal Piece	an of Divisions	Mailing Address			01 SEP -5 PM	12: 50	
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2. Principal Place of Business	FORT MYERS FL 33919					TALLAHASSEE,	FLORIUA .	
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Name and Address of Current Registered Agent   Name   Na	Zip	Country			5.	Certificate of Status Desired		
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current F	Registered Agent		7. 1	Name and Address of New Registere	d Agent	
12700 CREEKSIDE IN \$302   FL   Zip Code	KINI MUKUND P. M.D.							
B. 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   Signat	12700 CREEKSIDE LN #302			Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE    Openior   Openior name of registered agent and the first Applicable.   Incidence of Applicable.	. , FI. I	MYERS FL 33919						
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Soe criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. ITILE  NAME  NAME  STRET ADDRESS  CITY-ST-2P  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  CITY-ST-2P  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  13. OFFICERS AND DIRECTORS IN 11  14. OFFICERS AND DIRECTORS  CITY-ST-2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  16. Change Addition  17. OFFICERS AND DIRECTORS IN 11  18. NAME  STRET ADDRESS  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-S			·	. City		F	L Zip Code	
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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 address, with all other like empowered.

SIGNATURE:

2/13/01 (941) 433-9177.

2/13/01 (941) 433-4177.

CITY-ST-ZIP

SIGNATURE:



Clinical Gastroenterology, Hepatology, Nutrition, Diagnostic and Therapeutic Endoscopy

Mack P. Kini, M.D.
Board Certified in Gastroenterology
Evelyn B. Kessel, M.D.
Board Certified in Gastroenterology
Brent M. Myers, M.D.
Board Certified in Gastroenterology

September 4, 2001

Reinstatement Services Department of State Division of Corporations 409 E. Gaines Street-Tallahassee, FL 32399

RE: UBR Document S71842

Dear Sir/Madam:

In follow-up to our telephone discussion earlier today, enclosed is a copy of the original UBR Form, a copy of cancelled Ck#11269 and an additional payment in the amount of \$100.

We have checked our files and have no record of ever receiving the letter dated 5/9/01 that you referenced indicating there was a remaining balance due.

Your help is greatly appreciated in finalizing this UBR filing.

If you have any further questions, please call directly to (941) 849-0862.

Thank you.

Sincerely,

Mukund P. Kini MD