2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # S71842

1. Entity Name
CONSULTANTS IN DIGESTIVE HEALTH, P.A.

FILED
01 SEP -5 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12700 CREEKSIDE LANE SUITE 302 FORT MYERS FL 33919 US	P O BOX 60157 FT MYERS FL 33906-6157 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 1327 Suite, Apt. #, etc.
City & State	City & State: Lehigh Acres, FL
Zip / Country	Zip: 33936. / Country: USA

4. FEI Number 59-3080048 ☐ Applied For ☐ Not Applicable

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
KINI, MUKUND P., M.D. 12700 CREEKSIDE LN #302 FT. MYERS FL 33919	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINI, MUKUND P., M.D. 12700 CREEKSIDE LN #302 FT. MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100004594631--5 -09/17/01--01120--023 ****100.00 ****100.00
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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 an address, with all other like empowered.

SIGNATURE: M. P. Kini 2/13/01 (941) 433-4177.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONSULTANTS IN
Digestive Health
Clinical Gastroenterology, Hepatology, Nutrition, Diagnostic and Therapeutic Endoscopy

Mack P. Kini, M.D.
Board Certified in Gastroenterology
Evelyn R. 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

POBx 1327 Ft Myers, FL 33936
Mailing Address: P.O. Box [redacted] • FAX (941) 437-0994

12700 Creekside Lane, Suite 302 • Fort Myers, Florida 33919 ■ 1425 Viscaya Parkway, Suite 202 • Cape Coral, Florida 33990
60 Westminster Street, Suite C • Lehigh Acres, Florida 33936 ■ 3411 Southwest Bonita Beach Road, Unit 310 • Bonita Springs, Florida 34134
6875 Estero Boulevard • Fort Myers Beach, Florida 33931 ■ 50 Belmont Street • Labelle, Florida 33935