FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:38

DOCUMENT # **G03318** **(4)**

1. Corporation Name
GASTROENTEROLOGY CONSULTANTS, P.A.

Principal Place of Business	Mailing Address
800A STERTHAUS AVE. ORMOND BCH. FL 32174-9415	800A STERTHAUS AVE. ORMOND BCH. FL 32174-9415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1982	3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2230034	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 300 Clyde Morris Blvd.	26 300 Clyde Morris Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ormond Beach, FL	City & State 28 Ormond Beach, FL
Zip 24 32174-5956 / County 25	Zip 29 32174-5956 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32014	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, Typed or Printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	DHAND, DR. ARUN K.	12 NAME	
STREET ADDRESS	800A STERTHAUS AVE.	13 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	RINER, DR. MARK A.	22 NAME	
STREET ADDRESS	800 A STERTHAUS AVE	23 STREET ADDRESS	
CITY ST ZIP	ORMOND BCH FL	24 CITY ST ZIP	
TITLE	TR	31 TITLE	☐ Change ☐ Addition
NAME	KRETSCHMAR, DR. JOSEPH	32 NAME	
STREET ADDRESS	800 A STERTHAUS AVE	33 STREET ADDRESS	
CITY ST ZIP	ORMOND BCH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: a dhand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dr. Arun K. Dhand

0011066 CP