

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90082 020 ***150.00

DOCUMENT # G03318

1. Corporation Name

GASTROENTEROLOGY CONSULTANTS, P.A.

Principal Place of Business

**300 CLYDE MORRIS BLVD
ORMOND BEACH FL 32174-5956
US**

Mailing Address

**300 CLYDE MORRIS BLVD
ORMOND BEACH FL 32174-5956
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1982

4. FEI Number

59-2230034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32014**

10. Name and Address of New Registered Agent

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

TITLE	P	☐ DELETE
NAME	DHAND, DR. ARUN K.	
STREET ADDRESS	300 A CLYDE MORRIS	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	☐ DELETE
NAME	RINER, DR. MARK A.	
STREET ADDRESS	300 A CLYDE MORRIS	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	TR	☐ DELETE
NAME	KRETSCHMAR, DR. JOSEPH	
STREET ADDRESS	300 A CLYDE MORRIS	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	AS	☐ DELETE
NAME	AVILES, LOUIS MD	
STREET ADDRESS	300 A CLYDE MORRIS BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	S	☐ DELETE
NAME	THEK, KERRY MD	
STREET ADDRESS	800 A STERTHAUS AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-99

904-677-0531

CR2E034 (11/98)