2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # G03318

1. Entity Name
GASTROENTEROLOGY CONSULTANTS, P.A.

Principal Place of Business	Mailing Address
300 CLYDE MORRIS BLVD STE A ORMOND BEACH, FL 32174-5956 US	300 CLYDE MORRIS BLVD STE A ORMOND BEACH, FL 32174-5956 US

01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2230034
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DHAND, DR. ARUN K.
STREET ADDRESS	300 A CLYDE MORRIS
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	VP
NAME	RINER, DR. MARK A.
STREET ADDRESS	300 A CLYDE MORRIS
CITY-ST-ZIP	ORMOND BCH, FL
TITLE	TR
NAME	KRETSCHMAR, DR. JOSEPH
STREET ADDRESS	300 A CLYDE MORRIS
CITY-ST-ZIP	ORMOND BCH, FL
TITLE	S
NAME	THEK, KERRY MD
STREET ADDRESS	300 A CLYDE MORIS BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	C
NAME	GRUBEL, PETER M.D.
STREET ADDRESS	300 A CLYDE MORIS BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____ 2-4-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #