## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G03318

Title:

Name:

Address:

Entity Name: GASTROENTEROLOGY CONSULTANTS, P.A

FILED Apr 16, 2008 Secretary of State

Littly Nan	ile. GASTROL	INTEROLOGI CONSOLIAN	10, F.A.			
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
300 CLYDE STE A	MORRIS BLVI	D				
	BEACH, FL 32	1745956 US				
Current Mailing Address:			New Mai	New Mailing Address:		
300 CLYDE MORRIS BLVD				300 CLYDE MORRIS BLVD		
STE A ORMOND BEACH, FL 321745956 US			SUITE A ORMONI	SUITE A ORMOND BEACH, FL 32174 US		
FEI Number:	59-2230034	FEI Number Applied For ( )	FEI Number Not Ap	pplicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: N				nd Address of New Registered Agent:		
SUITE A	RUN K E MORRIS BLVI BEACH, FL 32					
The above in the State		ubmits this statement for the p	ourpose of changing	g its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electronic	c Signature of Registered Age	ent	Date		
Election Cam	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DHAND, DR. ARU	RRIS BLVD., STE A	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	RINER, DR. MAR	RRIS BLVD., STE A	Title: Name: Address: City-St-Zip:	()Change()Addition p:		
Title: Name: Address: City-St-Zip:	KRETSCHMAR, [	RRIS BLVD., STE A	Title: Name: Address: City-St-Zip:	TR (X) Change ( ) Addition GRUBEL DR, PETER, 300 CLYDE MORRIS BLVD., STE A p: ORMOND BCH, FL 32174		
Title: Name: Address: City-St-Zip:	THEK, KERRY M	RRIS BLVD., STE A	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ARUN K DHAND P 04/16/2008

(X) Delete

300 CLYDE MORRIS BLVD., STE A

GRUBEL, PETER M.D.

City-St-Zip: ORMOND BEACH, FL 32174

() Change () Addition