

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G03318

FILED
Feb 20, 2010
Secretary of State

Entity Name: GASTROENTEROLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

300 CLYDE MORRIS BLVD
STE A
ORMOND BEACH, FL 321745956 US

New Principal Place of Business:

Current Mailing Address:

300 CLYDE MORRIS BLVD
SUITE A
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2230034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DHAND, ARUN K
300 CLYDE MORRIS BLVD
SUITE A
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: DHAND, DR. ARUN K.
Address: 300 CLYDE MORRIS BLVD., STE A
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP
Name: RINER, DR. MARK A.
Address: 300 CLYDE MORRIS BLVD., STE A
City-St-Zip: ORMOND BCH, FL 32174

Title: TR
Name: GRUBEL DR, PETER
Address: 300 CLYDE MORRIS BLVD., STE A
City-St-Zip: ORMOND BCH, FL 32174

Title: S
Name: THEK, KERRY MD
Address: 300 CLYDE MORRIS BLVD., STE A
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: ARUN K. DHAND

P

02/20/2010

Electronic Signature of Signing Officer or Director

Date