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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

V01456

(5)

GASTROENTEROLOGY ASSOCIATES OF SOUTHWEST FLORIDA

						-			
Principal Place	e of Business	Mailing Address							
83 BARKLEY CIR 63 BARKLEY CIR									
STE 103		STE 103				DO NOT WRITE IN THIS SPACE			
F. MYERS FL	33907	FT. MYERS FL 33907 US	FT. MYERS FL 33907			Date Incorporated or Qualified			
US		03				01/01/1992			
A Oringinal Di	ace of Business	2a. Mailing Address	·			4. FEI Number	-	ΠΔr	oplied For
 i	ace of business					l			t Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.				65-0302093		\$8.75	
<u> </u>	π, θιο:	27				5. Certificate of Status Desired		Fee Re	
City & State	0		City & State			6. Election Campaign Financing		\$5.00	·
—	9	28				Trust Fund Contribution		Added t	
Zip Country		Zip Country				8. This corporation owes or has p	aid the cu		
24	25	29 3	_	,		Personal Property Tax due June			No
[64]	Name and Address of Curre	· · · · · · · · · · · · · · · · · · ·	<u> </u>			10. Name and Address of New Ro		Agent	
NEI	EKAYTAN, SHARMA			31 1	Name				
	BARKLEY CIR		-		Di est Autolia	CO De Niverbor is No. Accorde	- Lai		
			82 Street A			ss (P.O. Box Number is Not Accepta	pie)		
	: 103 Myers FL 33907		Ε	33					
, FI	MIENO FL 339U/								
			1	-	City		FL	- '	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abo	ove-r	named corpo	ration submits this statement for the	purpose o	changing it	s registered
office or re agent. La	egistered agent, or both, in the State m familiar with, and accept the oblid	o of Florida, Such change was au ations of Section 607.0505, Flori	tnorizea da Statu	by tr les.	ne corporatio	ration submits this statement for the on's board of directors. I hereby acce	pune api	DA	registered
SIGNATURE		aylan Shama	<i></i>			2	120/	78	
SIGNATURE	Signature, typed or printed name of registered ag		Registered /	Agent i	eignature required	d when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	D	☐ DELETE 1.11			D	ر اسمی م		Change	Addition (
NAME	Sharma, Neekaytan		1.2 NAM	1E	f	TOCK BEILD			
STREET ADDRESS	63 BARKLEY CIR	1.3 \$		EET AD	odress 🗀 🤣	3 BARRESTE	1205	γ	
CiTY-ST-ZIP	FT MYERS FL			/-ST-2	ZIP	BARKLEYCIA.	33701	/ 	
TITLE	☐ DELETE 21		21 TITL	E				L Change	Addition
NAME			22 NAM	1 E					
STREET ADDRESS			2.3 STR	EET AD	IDRESS				
CITY-ST-ZIP			2. 4 CIT	Y∙ST-	ZiP				
TITLE		☐ DELETE	3.1 TITL	E				Change	Addition
NAME			3.2 NAM	1E		•			
STREET ADDRESS			3.3 STR	EET AD)DRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-	ZIP				
TITLE		DELETE	4 1 TITL	E				☐ Change	Addition Addition
NAME			4 2 NA	ΜE					
STREET ADDRESS			4 3 STR	EET AD	DDRESS				
CITY-ST-ZIP			4.4 CITY	/-ST-2	ZIP				
TITLE		DELETE	5.1 TITL					Change	☐ Addition
NAME			5.2 NAM	1E	-				
STREET ADDRESS			53 STRI		DRESS				
CITY-ST-ZIP			5.4 CiTy						
TITLE		☐ DELETE	61 TITL	_				Change	Addition
NAME			62 NAM						
STREET ADDRESS			63 STA		IDRESS				
CITY+ST-ZIP			6.4 CiTY						
unitaite l					E				

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 is 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.

FILED

Mar 17 1998 8:00am

Secretary of State