

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

**FILED**  
**Mar 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V01456 (5)**  
 1. Corporation Name  
**GASTROENTEROLOGY ASSOCIATES OF SOUTHWEST FLORIDA, P.A.**



Principal Place of Business: **63 BARKLEY CIR STE 103 FT. MYERS FL 33907 US**

Mailing Address: **63 BARKLEY CIR STE 103 FT. MYERS FL 33907 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **01/01/1992**

4. FEI Number: **65-0302093**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**NEEKAYTAN, SHARMA**  
**63 BARKLEY CIR**  
**STE 103**  
**FT MYERS FL 33907**

10. Name and Address of New Registered Agent (81-85)

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: *Neekaytan Sharma* (Typed name) / *2/20/98* (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHARMA, NEEKAYTAN</b>	
STREET ADDRESS	<b>63 BARKLEY CIR</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>D. FELOCK BRIAN</b>
1.4 CITY-ST-ZIP	<b>63 BARKLEY CIR FT. MYERS FL 33907</b>

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.

SIGNATURE: *Neekaytan Sharma* (Typed name) / *2/20/98* (Date)

CR2E034 (10/97)