

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601035

FILED
Feb 25, 2005
Secretary of State

Entity Name: COLON & RECTAL SURGERY ASSOCIATES, P.A.

Current Principal Place of Business:

1960 NE 47TH ST
SUITE 102
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

1960 NE 47TH ST
SUITE 102
FT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 59-1262740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESCHER, THOMAS J M.D.
1960 NE 47TH STREET
SUITE 102
FT LAUDERDALE, FL 33308 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: PD () Delete
Name: LESCHER, THOMAS J M.D.
Address: 533 SE 25TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: STD () Delete
Name: DEGENNARO, VINCENT A MD
Address: 1431 S OCEAN BLVD #65
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LESCHER, THOMAS J M.D.
Address: 1960 NE 47 ST STE 102
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: STD (X) Change () Addition
Name: DEGENNARO, VINCENT A MD
Address: 1431 S OCEAN BLVD #65
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: THOMAS J LESCHER MD

PD

02/25/2005

Electronic Signature of Signing Officer or Director

Date