

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90004 032 ***150.00

DOCUMENT # 604578

1. Entity Name
**GASTROENTEROLOGY & INTERNAL MEDICINE OF
SARASOTA, P.A.**



Principal Place of Business

**2222 S TAMAMI TRAIL
SARASOTA, FL 34239**

Mailing Address

**2222 S TAMAMI TRAIL
SARASOTA, FL 34239**

34000010



2. Principal Place of Business

2750 Bahia Vista Ste 250

3. Mailing Address

2750 Bahia Vista Ste 250

Suite, Apt. #, etc.

SARASOTA, FL

Suite, Apt. #, etc.

SARASOTA, FL

City & State

City & State

07142004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1477551

Applied For

Not Applicable

Zip **34239**

Country **USA**

Zip **34239**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

APRILL, NORMAN M M.D.

**2222 S TAMAMI TRAIL
SARASOTA, FL 34239**

Name

Norman M Aprill, M.D.

Street Address (P.O. Box Number is Not Acceptable)

2750 Bahia Vista Ste 250

City

SARASOTA

FL

Zip Code

34239

7. Name and Address of New Registered Agent

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Norman M. Aprill**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-21-04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P APRILL, NORMAN M**
STREET ADDRESS **2222 S TAMAMI TRAIL**
CITY-ST-ZIP **SARASOTA, FL 34239**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **President Norman M Aprill**
STREET ADDRESS **2750 Bahia Vista Ste 250**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/04

Daytime Phone #

941-366-7282