

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 26, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 637202**

1. Entity Name  
SOUTH COUNTY GASTROENTEROLOGY, P.A.



Principal Place of Business      Mailing Address  
241 S. NOKOMIS      241 S. NOKOMIS  
VENICE, FL 34285      VENICE, FL 34285



02032005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
59-1949686      Not Applicable

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

**6. Name and Address of Current Registered Agent**

GROSSBARD, HOWARD A.  
241 S. NOKOMIS  
VENICE, FL 33595

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.      ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE      PTD  
NAME      GROSSBARD, HOWARD A., M.D.  
STREET ADDRESS      241 S. NOKOMIS AVE.  
CITY-ST-ZIP      VENICE, FL

TITLE      S  
NAME      GROSSBAND, ILENE  
STREET ADDRESS      241 NOKOMIS AVE.  
CITY-ST-ZIP      VENICE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000244509  
02/26/05-80023-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: None A. Grossbard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 24, 2005  
Date      Daytime Phone #