


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90107 027 \*\*\*150.00

<b>DOCUMENT # 637202</b> 1. Entity Name <b>SOUTH COUNTY GASTROENTEROLOGY, P.A.</b>					
Principal Place of Business <b>241 S. NOKOMIS VENICE, FL 34285</b>			Mailing Address <b>241 S. NOKOMIS VENICE, FL 34285</b>		
2. Principal Place of Business - No P.O. Box # <b>825 VENETIAN PARKWAY</b>		3. Mailing Address <b>825 VENETIAN PARKWAY</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>VENICE FL.</b>		City & State <b>VENICE FL</b>		4. FEI Number <b>59-1949686</b>	
Zip <b>34285</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GROSSBARD, HOWARD A. 241 S. NOKOMIS VENICE, FL 33595</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>825 VENETIAN PARKWAY</b> City <b>VENICE</b> FL Zip Code <b>34285</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GROSSBARD, HOWARD A., M.D. <del>241 S. NOKOMIS AVE.</del> <b>825 VENETIAN PARKWAY</b> VENICE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>825 VENETIAN PARKWAY</b> VENICE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSSBAND, ILENE <del>241 NOKOMIS AVE.</del> <b>825 VENETIAN PARKWAY</b> VENICE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>825 VENETIAN PARKWAY</b> VENICE FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Wene A. Grossbard</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/18/2007</b> 941-484-3089 <small>Daytime Phone #</small>		