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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90027 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760534
 1. Corporation Name
FLORIDA GASTROENTEROLOGIC SOCIETY, INC.

Principal Place of Business P.O. BOX 540363 OPA-LOCKA FL 33054	Mailing Address P.O. BOX 540363 OPA-LOCKA FL 33054
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/21/1981	4. FEI Number 59-2437228 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

BOUCK, WILLIAM T
18128 NW 61ST PLACE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEGEROME, JAMES H MD	
STREET ADDRESS	2708 S SEACREST BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORD, H. JUERGEN MD	
STREET ADDRESS	4 COLUMBIA DR #630	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARDOLL, PETER M	
STREET ADDRESS	1609 PASADENA AVE., S., #3-M	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	MAMEL, JAY . MD	
STREET ADDRESS	UNIV OF SO FL BOX 199 12901 N 30 ST	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOUCK, BILL	
STREET ADDRESS	18126 NW 61 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ACHEM, SAMI R M	
STREET ADDRESS	MAYO CLINIC 4500 SAN PABLO RD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peter Pardoll, M.D.
2.3 STREET ADDRESS	1609 Pasadena Ave. So. #3-M
2.4 CITY-ST-ZIP	St. Petersburg, FL 33707
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alan Harmon, M.D.
3.3 STREET ADDRESS	1610 Barrs Street
3.4 CITY-ST-ZIP	Jacksonville, FL 32204
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. BOUCK SIGNATURE FILE BOUCKED 02-26-99 305-687-1367
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)