

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760534

FILED
Jan 30, 2004
Secretary of State

Entity Name: FLORIDA GASTROENTEROLOGIC SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 540363
OPA-LOCKA, FL 33054

New Principal Place of Business:

537 B BURLINGTON STREET
OPA-LOCKA, FL 33054

Current Mailing Address:

P.O. BOX 540363
OPA-LOCKA, FL 33054

New Mailing Address:

FEI Number: 59-2437228 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOUCK, WILLIAM T
18126 NW 61ST PLACE
MIAMI, FL 33015 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VANELDIK, RICHARD B M.D.
Address: 1150 SE 18 PL
City-St-Zip: OCALA, FL 34471

Title: PD () Delete
Name: FORSMARK, CHRIS MD
Address: U OF F, P.O. BOX 100214
City-St-Zip: GAINESVILLE, FL 32610

Title: TD () Delete
Name: GOLDBERG, ROBERT MD
Address: MT SINAI MEDICAL CTR, GI DIV
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: BOUCK, WILLIAM T
Address: 18126 NW 61 PL
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: WEXNER, STEVEN D MD
Address: 2950 CLEVELAND CLINIC BLVD
City-St-Zip: WESTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WEXNER, STEVEN D M.D.
Address: 2950 CLEVELAND CLINIC BLVD
City-St-Zip: WESTON, FL 33331

Title: PD (X) Change () Addition
Name: GOLDBERG, ROBERT MD
Address: MT SINAI MEDICAL CTR, GI DIV
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD (X) Change () Addition
Name: SCOLAPIO, JAMES MD
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: VAN ELDIK, RICHARD B MD
Address: 1150 S.E. 18 PLACE
City-St-Zip: OCALA, FL 34471

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. BOUCK

D

01/30/2004

Electronic Signature of Signing Officer or Director

Date