

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90082 009 ****61.25

DOCUMENT # 760534

1. Entity Name

FLORIDA GASTROENTEROLOGIC SOCIETY, INC.



Principal Place of Business Mailing Address

537 B BURLINGTON STREET **P.O. BOX 540363**
OPA-LOCKA FL 33054 **OPA-LOCKA FL 33054**



1st MOORE CR2E037 (10/05)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For

59-2437228 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE.
STE. 115
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WEXNER, STEVEN D M.D.	
STREET ADDRESS	2950 CLEVELAND CLINIC BLVD	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, ROBERT MD	
STREET ADDRESS	MT SINAI MEDICAL CTR, GI DIV	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCOLAPIO, JAMES MD	
STREET ADDRESS	4500 SAN PABLO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUCK, WILLIAM T	
STREET ADDRESS	18126 NW 61 PL	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN ELDIK, RICHARD B MD	
STREET ADDRESS	1150 S.E. 18 PLACE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TAUB, SHELDON MD	
STREET ADDRESS	1002 S OLD DIXIE HWY #201	
CITY-ST-ZIP	JUPITER FL 33458	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN ELDIK, RICHARD, MD	
STREET ADDRESS	1150 S. E. 18 PLACE	
CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOLAPIO, JAMES S, MD	
STREET ADDRESS	4500 SAN PABLO RD.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32224	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAWAARIA, ISAAC, M.D.	
STREET ADDRESS	2089 HAWTHORNE ST, #200	
CITY-ST-ZIP	SARASOTA, FL. 34239	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUB, SHELDON, MD.	
STREET ADDRESS	1002 S. OLD DIXIE HWY, #201	
CITY-ST-ZIP	JUPITER, FL. 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *Mellum + Boud* 2-7-06 305-657-1367