


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90249 037 \*\*\*\*61.25

<b>DOCUMENT # 760534</b>					
1. Entity Name FLORIDA GASTROENTEROLOGIC SOCIETY, INC.					
Principal Place of Business 537 B BURLINGTON STREET OPA-LOCKA, FL 33054			Mailing Address P.O. BOX 540363 OPA-LOCKA, FL 33054		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NULAND, CHRISTOPHER L 1000 RIVERSIDE AVE. STE. 115 JACKSONVILLE, FL 32204				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State: <b>FL</b> 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 _____					
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN ELDIK, RICHARD MD		NAME	SCOLAPIO, JAMES M.D.	
STREET ADDRESS	1150 SE 18 PLACE		STREET ADDRESS	4500 SAN PABLO ROAD	
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP	JACKSONVILLE, FL. 32224	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOLAPIO, JAMES MD		NAME	TAUB, SHELDON, M.D.	
STREET ADDRESS	4500 SAN PABLO RD		STREET ADDRESS	1002 S. OLD DIXIE HWY, 201	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	JUPITER, FL. 33458	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYVARIA, ISAAC MD		NAME	KALYARIA, ISAAC, M.D.	
STREET ADDRESS	2089 HAWTHORNE ST 200		STREET ADDRESS	2089 HAWTHORNE ST. #200	
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP	SARASOTA, FL. 34239	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAVB, SHELDON MD		NAME	WOLFSEN, HERBERT, M.D.	
STREET ADDRESS	1002 S OLD DIXIE HWY 201		STREET ADDRESS	4500 SAN PABLO ROAD	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	JACKSONVILLE, FL. 32224	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	WILLIAM BOUCK	
STREET ADDRESS			STREET ADDRESS	537 B BURLINGTON ST.	
CITY-ST-ZIP			CITY-ST-ZIP	OPA-LOCKA, FL. 33054	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <i>William Bovek</i>			Date: 01-24-07		Daytime Phone #: 305-657-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40000000



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2437228 Applied For Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 State: **FL** Zip Code

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

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SIGNATURE: *William Bovek* Date: 01-24-07 Daytime Phone #: 305-657-1367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR