

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90032 041 ****61.25



DOCUMENT # 760534
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 #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number: **59-2437228** Applied For: Not Applicable:

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 registering) DATE _____

**FILE NOW - FEE IS \$61.25
Due By May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: SCOLAPIO, JAMES M.D. STREET ADDRESS: 4500 SAN PABLO RD CITY-ST-ZIP: JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT NAME: TAUB, SHELDON, M.D. STREET ADDRESS: 1002 SOUTH OLD DIXIE HWY., SUITE 201 CITY-ST-ZIP: JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: TAUB, SHELDON M.D. STREET ADDRESS: 1002 SOUTH OLD DIXIE HWY STE 201 CITY-ST-ZIP: JUPITER FL 33458	<input type="checkbox"/> Delete	TITLE: PRESIDENT ELECT NAME: KALVARIA, ISAAC M.D. STREET ADDRESS: 2089 HAWTHORNE ST., SUITE 200 CITY-ST-ZIP: SARASOTA, FL 34239	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: KALVARIA, ISAAC M.D. STREET ADDRESS: 2089 HAWTHORNE ST SUITE 200 CITY-ST-ZIP: SARASOTA FL 34239	<input type="checkbox"/> Delete	TITLE: TREASURER NAME: BECKER, DAVID, M.D. STREET ADDRESS: 308 JEFFORDS STREET, SUITE D CITY-ST-ZIP: CLEARWATER, FL 33766	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: WOLFSEN, HERBERT M.D. STREET ADDRESS: 4500 SAN PABLO RD CITY-ST-ZIP: JACKSONVILLE FL 32224	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BOUCK, WILLIAM STREET ADDRESS: 537 B BURLINGTON ST CITY-ST-ZIP: OPA LOCKA FL 33054	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William Beck* *William Beck* 02-11-08 305-687-1367