

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760534

FILED
Jan 27, 2009
Secretary of State

Entity Name: FLORIDA GASTROENTEROLOGIC SOCIETY, INC.

Current Principal Place of Business:

537 B BURLINGTON STREET
OPA-LOCKA, FL 33054

New Principal Place of Business:

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:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE.
STE. 115
JACKSONVILLE, FL 32204 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: PE () Delete
Name: KALVARIA, ISAAC MD
Address: 2089 HAWTHORNE ST STE 200
City-St-Zip: SARASOTA, FL 34239

Title: PD () Delete
Name: TAUB, SHELDON M.D.
Address: 1002 SOUTH OLD DIXIE HWY STE 201
City-St-Zip: JUPITER, FL 33458

Title: TD () Delete
Name: KALVARIA, ISAAC M.D.
Address: 2089 HAWTHORNE ST SUITE 200
City-St-Zip: SARASOTA, FL 34239

Title: S () Delete
Name: WOLFSEN, HERBERT M.D.
Address: 4500 SAN PABLO RD
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: BOUCK, WILLIAM
Address: 537 B BURLINGTON ST
City-St-Zip: OPA LOCKA, FL 33054

Title: P (X) Delete
Name: TAUB, SHELDON MD
Address: 1002 S OLD DIXIE HWY STE 201
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KALVARIA, ISAAC MD
Address: 2089 HAWTHORNE ST STE 200
City-St-Zip: SARASOTA, FL 34239

Title: PE (X) Change () Addition
Name: WOLFSEN, HERBERT MD
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: T (X) Change () Addition
Name: BECKER, DAVID M.D.
Address: 508 JEFFORDS STREET, SUITE D
City-St-Zip: CLEARWATER, FL 33756

Title: S (X) Change () Addition
Name: DRAGANOV, PETER M.D.
Address: UOF - BOX 100214
City-St-Zip: GAINESVILLE, FL 32610

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 BOUCK

_____ Electronic Signature of Signing Officer or Director

D

01/27/2009

_____ Date