

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760534

FILED
Jan 08, 2010
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: P
Name: WOLFSEN, HERBERT MD
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: PE
Name: BECKER, DAVID MD
Address: 508 JEFFORDS STREET, SUITE D
City-St-Zip: CLEARWATER, FL 33756

Title: T
Name: LEAVITT, JAMES M.D.
Address: 7500 SW 87 AVENUE
City-St-Zip: MIAMI, FL 33173

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

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

I hereby 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 all other like empowered.

SIGNATURE: BILL BOUCK

D

01/08/2010

Electronic Signature of Signing Officer or Director

Date