

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90047 021 \*\*\*150.00

**DOCUMENT # J26876**

1. Entity Name

COLON AND RECTAL SURGERY CONSULTANTS, P.A.



Principal Place of Business

% HOWARD C. HERON  
570 MEMORIAL CIRCLE, SUITE F  
ORMOND BEACH FL 32174-5060

Mailing Address

% HOWARD C. HERON  
570 MEMORIAL CIRCLE, SUITE F  
ORMOND BEACH FL 32174-5060

54020027



MOORE CR2E034 (11/03)

2. Principal Place of Business

3635 Clyde Morris Blvd.

3. Mailing Address

3635 Clyde Morris Blvd.

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Port Orange, FL

City & State

Port Orange, FL

4. FEI Number

59-2696475

Applied For

Not Applicable

Zip  
32129

Country  
USA

Zip  
32129

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERON, HOWARD C.  
570 MEMORIAL CIRCLE  
SUITE F  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
3635 Clyde Morris Blvd.

Suite 800

City

Port Orange

FL

Zip Code  
32129

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

*Howard C. Heron*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HERON, HOWARD C.  
STREET ADDRESS 570 MEMORIAL CIRCLE  
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3635 Clyde Morris Blvd., Suite 800  
CITY-ST-ZIP Port Orange, FL 32129

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

*Howard C. Heron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

Date

Daytime Phone #