

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # J26876 1. Entity Name COLON AND RECTAL SURGERY CONSULTANTS, P.A.					
Principal Place of Business 3635 CLYDE MORRIS BLVD., STE 800 PORT ORANGE FL 32129			Mailing Address 3635 CLYDE MORRIS BLVD., STE 800 570 MEMORIAL CIRCLE, SUITE F PORT ORANGE FL 32129		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2696475	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERON, HOWARD C. 3635 CLYDE MORRIS BLVD., STE 800 PORT ORANGE FL 32129				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 <u>Howard C. Heron</u> Signature, typed or printed name of registered agent and filer if applicable <u>PRESIDENT</u> <u>HOWARD C. HERON, MD</u> (NOTE: Registered Agent signature required when resigning) <u>03/07/06</u> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERON, HOWARD C. 3635 CLYDE MORRIS BLVD., STE 800 PORT ORANGE FL 32129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000468552 03/24/06-80035-018 150.00	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
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 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: <u>Howard C. Heron</u>			3/7/06 386 788 8839		