

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90049 047 \*\*\*150.00

**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 - No P.O. Box #  
211 River Bluff Drive

Suite, Apt. #, etc.

3. Mailing Address  
211 River Bluff Drive

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State  
Ormond Beach FL

City & State  
Ormond Beach FL

4. FEI Number 59-2696475

Applied For  
Not Applicable

Zip  
32174

Country  
USA

Zip  
32174

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERON, HOWARD C.  
3635 CLYDE MORRIS BLVD., STE 800  
PORT ORANGE FL 32129

Name

Street Address (P.O. Box Number is Not Acceptable)

211 River Bluff Drive

City

Ormond Beach

FL

Zip Code  
32174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 3635 CLYDE MORRIS BLVD., STE 800  
CITY- ST- ZIP PORT ORANGE FL 32129

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 211 River Bluff Drive  
CITY- ST- ZIP Ormond Beach, FL 32174

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

TITLE ☐ Change ☐ Addition  
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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 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:

*Howard C. Heron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/07

Date

(386) 676-0754

Daytime Phone #