2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # K00790

1. Entity Name
FLORIDA CENTER FOR GASTROENTEROLOGY, P.A.

Principal Place of Business	Mailing Address
8250 BRYAN DAIRY RD 200 LARGO, FL 33777 US	8250 BRYAN DAIRY RD 200 LARGO, FL 33777 US

DO NOT WRITE IN THIS SPACE

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2856519

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDBERG, GLENN ESQ
133 FIRST STREET NORTH
STE 2
SAINT PETERSBURG, FL 33701

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERMAN, ARTHUR L
STREET ADDRESS	8250 BRYAN DAIRY RD #200
CITY-ST-ZIP	LARGO, FL 33777
TITLE	VP
NAME	HALLGREN, SCOTT E
STREET ADDRESS	8250 BRYAN DAIRY RD #200
CITY-ST-ZIP	LARGO, FL 33777
TITLE	ST
NAME	SCHULMAN, MICHAEL
STREET ADDRESS	8250 BRYAN DAIRY RD # 200
CITY-ST-ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Scott E. Hallgren DO FACP Gastroenterology / Hepatology 4/12/06 727 544 1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #