

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00790

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

8250 BRYAN DAIRY RD
200
LARGO, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

8250 BRYAN DAIRY RD
200
LARGO, FL 33777 US

New Mailing Address:

FEI Number: 59-2856519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERMAN, ARTHUR L
Address: 8250 BRYAN DAIRY RD #200
City-St-Zip: LARGO, FL 33777

Title: VP () Delete
Name: HALLGREN, SCOTT E
Address: 8250 BRYAN DAIRY RD #200
City-St-Zip: LARGO, FL 33777

Title: S () Delete
Name: SCHULMAN, MICHAEL
Address: 8250 BRYAN DAIRY RD # 200
City-St-Zip: LARGO, FL 33777

Title: T () Delete
Name: BELJIC, STEVEN
Address: 8250 BRYAN DAIRY RD. #200
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: KUDELKO, MARC
Address: 8250 BRYAN DAIRY RD #200
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA LAHMEYER

GM

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date