

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K32092

FILED
Jan 07, 2005
Secretary of State

Entity Name: GILES GASTROENTEROLOGY CENTER, P.A.

Current Principal Place of Business:

% O. ANDREW GILES
515 W. SR 434, SUITE 105
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

% O. ANDREW GILES
515 W. SR 434, SUITE 105
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-2905000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILES, O. ANDREW
515 W. SR 434, SUITE 105
LONGWOOD, FL 32750 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: PD () Delete
Name: GILES, O. ANDREW,
Address: 515 W. SR 434, SUITE 105
City-St-Zip: LONGWOOD, FL

Title: S () Delete
Name: COPPOLA, ANTHONY J MD
Address: 515 W. SR 434, SUITE 105
City-St-Zip: LONGWOOD, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GILES, O. ANDREW,
Address: 515 W. SR 434, SUITE 105
City-St-Zip: LONGWOOD, FL 32750

Title: S (X) Change () Addition
Name: COPPOLA, ANTHONY J MD
Address: 515 W. SR 434, SUITE 105
City-St-Zip: LONGWOOD, FL 32750

Title: S () Change (X) Addition
Name: LIN, ANTHONY C MD
Address: 515 W. SR 434, SUITE 105
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 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: O. ANDREW GILES, MD

PD

01/07/2005

Electronic Signature of Signing Officer or Director

_____ Date