2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State
02-22-2006 90015 001 ***150.00

DOCUMENT # M84686

1. Entity Name

PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION OF FLORIDA, P.A.

Principal Place of Business	Mailing Address
480 7TH AVENUE SOUTH ST. PETERSBURG FL 33701	480 7TH AVENUE SOUTH ST. PETERSBURG FL 33701

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2891909 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLENATHAN, DANIEL T., M.D.
~~501 MARTIN LUTHER KING JR. STREET SOUTH~~
~~SAINT PETERSBURG FL 33705~~

7. Name and Address of New Registered Agent

Name McClenathan DANIEL T., M.D.
Street Address (P.O. Box Number is Not Acceptable) 480 7th Avenue South
City St. Petersburg **FL** Zip Code 33701

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 _____ DANIEL T. McClenathan MD 2/6/06
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, 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	D MCCLENATHAN, DANIEL T. 501 MARTIN LUTHER KING JR. STREET SOUTH SAINT PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REINSTEIN, L J 501 MARTIN LUTHER KING JR. STREET SOUTH SAINT PETERSBURG FL 33705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WINESETT, MICHEK P MD 501 MARTIN LUTHER KING JR. STREET SOUTH SAINT PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 480 7th Avenue South St. Petersburg FLA 33701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KAISER, GREG C MD 501 MARTIN LUTHER KING JR. STREET SOUTH SAINT PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 480 7th Ave South St. Petersburg, FLA 33701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S IGNCIS, JOSEPH MD 501 MARTIN LUTHER KING JR. STREET SOUTH SAINT PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 480 7th Avenue South St. Petersburg, FLA 33701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILSEY, MICHAEL MD 501 MARTIN LUTHER KING JR. STREET SOUTH SAINT PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 480 7th Avenue South St. Petersburg FLA 33701

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: _____ DANIEL T. McClenathan, MD 2/6/06 (727) 822-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #