

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90021 018 ***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 **480 7TH AVENUE SOUTH**
ST. PETERSBURG FL 33701 **ST. PETERSBURG FL 33701**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2891909 Not Applicable
 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
MCCLLENATHAN, DANIEL T., M.D. 480 7TH AVE SOUTH SAINT PETERSBURG FL 33701	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code FL

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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D <input type="checkbox"/> Delete
NAME	MCCLLENATHAN, DANIEL T.
STREET ADDRESS	480 7TH AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG FL 33701
TITLE	S <input type="checkbox"/> Delete
NAME	WINESETT, MICHELE P M.D.
STREET ADDRESS	480 7TH AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG FL 33701
TITLE	S <input type="checkbox"/> Delete
NAME	KAISER, GREG C MD
STREET ADDRESS	480 7TH AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG FL 33701
TITLE	S <input type="checkbox"/> Delete
NAME	IGNACIO, JOSEPH M.D.
STREET ADDRESS	480 7TH AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG FL 33701
TITLE	S <input type="checkbox"/> Delete
NAME	WILSEY, MICHAEL MD
STREET ADDRESS	480 7TH AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG FL 33701
TITLE	S <input type="checkbox"/> Delete
NAME	CONDINO, ADRIA
STREET ADDRESS	480 7TH AVE. S.
CITY-ST-ZIP	SAINT PETERSBURG FL 33701

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDINO, ADRIA
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: *Daniel T. McClenathan* **DANIEL T. MCCLLENATHAN, MD** 3/27/08 (727) 822-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #