

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M84686

FILED
May 16, 2009
Secretary of State

Entity Name: PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION OF FLORIDA, P.A.

Current Principal Place of Business:

480 7TH AVENUE SOUTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

480 7TH AVENUE SOUTH
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-2891909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLLENATHAN, DANIEL T., M.D.
480 7TH AVE SOUTH
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCLLENATHAN, DANIEL T.
Address: 480 7TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S () Delete
Name: WINESETT, MICHELE P M.D.
Address: 480 7TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S () Delete
Name: KAISER, GREG C MD
Address: 480 7TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S () Delete
Name: IGNACIO, JOSEPH M.D.
Address: 480 7TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S () Delete
Name: WILSEY, MICHAEL MD
Address: 480 7TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S () Delete
Name: CONDINO, ADRIA
Address: 480 7TH AVE. S.
City-St-Zip: SAINT PETERSBURG, FL 33701

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:

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: DANIEL T MCCLLENATHAN

PRES

05/16/2009

Electronic Signature of Signing Officer or Director

Date