

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90293 045 ***150.00

DOCUMENT # P01000101039

1. Entity Name
**GASTROENTEROLOGY INSTITUTE OF FORT
LAUDERDALE, P.A.**



Principal Place of Business
**2021 E COMMERCIAL BLVD
SUITE 202
FT. LAUDERDALE, FL 33308**

Mailing Address
**2021 E COMMERCIAL BLVD
SUITE 202
FT. LAUDERDALE, FL 33308**

60028330



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1147134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GART, DAVID A ESQ.
250 AUSTRALIAN AVE., STE. 500
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BOTOMAN, ALVIN V DR.
STREET ADDRESS	2021 E COMMERCIAL BLVD, SUITE 202
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308

TITLE	VICE
NAME	ZAKKO, WISAM DR.
STREET ADDRESS	2021 E COMMERCIAL BLVD, SUITE 202
CITY - ST - ZIP	FT. LAUDERDALE, FL 33308

TITLE	SECR
NAME	BONNER, GREGORY F DR
STREET ADDRESS	2021 E COMMERCIAL BLVD, SUITE 202
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/10/06 (954) 202-7850