2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# P01000101039

Entity Name: GASTROENTEROLOGY INSTITUTE OF FORT LAUDERDALE, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1147134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GART, DAVID A ESQ.
250 AUSTRALIAN AVE., STE. 500
WEST PALM BEACH, FL 33401 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: PRES ( ) Delete
Name: BOTOMAN, ALVIN V DR.
Address: 2021 E COMMERCIAL BLVD, SUITE 202
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VICE ( ) Delete
Name: ZAKKO, WISAM DR.
Address: 2021 E COMMERCIAL BLVD, SUITE 202
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: SECR ( ) Delete
Name: BONNER, GREGORY F DR
Address: 2021 E COMMERCIAL BLVD, SUITE 202
City-St-Zip: FORT LAUDERDALE, FL 33308

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WISAM F ZAKKO DR. 01/08/2007

Electronic Signature of Signing Officer or Director Date