


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90015 043 ***150.00

DOCUMENT # P02000015073	
1. Entity Name GASTROENTEROLOGY ASSOCIATES OF VENICE & ENGLEWOOD, P.A.	

Principal Place of Business 420 TAMiami TRAIL STE. 301 VENICE, FL 34285	Mailing Address 420 TAMiami TRAIL STE. 301 VENICE, FL 34285
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40022906



2. Principal Place of Business - No P.O. Box # 8401 POINTE LOOP DR.	3. Mailing Address 8421 POINTE LOOP DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02082007 Chg-P CR2E034 (12/06)

City & State VENICE, FL	City & State VENICE, FL
Zip 34293	Country SARASOTA
Zip 34293	Country SARASOTA

4. FEI Number 02-0541971	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KHAN, TARIQ J M.D. 420 TAMiami TRAIL STE. 301 VENICE, FL 34285	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KHAN, TARIQ J 420 TAMiami TR STE 301 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8421 POINTE LOOP DR. VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD KHAN, JAFFER J 420 TAMiami TR STE 301 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8421 POINTE LOOP DR. VENICE, FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tariq Khan* President 2.19.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #