

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2005 8:00 am**  
**Secretary of State**

06-10-2005 90047 002 \*\*\*150.00

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<b>DOCUMENT # P03000075297</b> 1. Entity Name <b>GASTROENTEROLOGY AND NUTRITION SPECIALISTS, P.A.</b>					
Principal Place of Business <b>514 COLUMBIA ST., STE. 2 ORLANDO, FL 32805-3870</b>			Mailing Address <b>514 COLUMBIA ST., STE. 2 ORLANDO, FL 32805-3870</b>		
2. Principal Place of Business <b>2880 S. OSCEOLA ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>2880 S. OSCEOLA ave</b> Suite, Apt. #, etc.			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>59-3728793</b>	
Zip <b>32806</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MOHIUDDIN, MUHAMMAD A M.D. 514 COLUMBIA ST., STE. 2 ORLANDO, FL 32805-3870</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2880 S. OSCEOLA Ave</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32806</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MOHIUDDIN, MUHAMMAD A M.D. 514 COLUMBIA ST., STE. 2 ORLANDO, FL 328053870</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2880 S. OSCEOLA ave. Orlando FL 32806</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>			Date <b>5/27/05</b> Daytime Phone # <b>4074660098</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					