2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P05000165886

Entity Name: SOUTH LAKE GASTROENTEROLOGY, P.A.

Current Principal Place of Business:

2319 S LAKE SHORE DR
CLERMONT, FL 34711

New Principal Place of Business:

255 CITRUS TOWER BLVD
SUITE 202A
CLERMONT, FL 34711

Current Mailing Address:

2319 S LAKE SHORE DR
CLERMONT, FL 34711

New Mailing Address:

255 CITRUS TOWER BLVD
SUITE 202A
CLERMONT, FL 34711

FEI Number: 20-4102308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABU KHADRSH, RAJAB DR.
2319 S LAKE SHORE DR.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

ABU KHADRAH, RAJAB DR.
255 CITRUS TOWER BLVD
SUITE 202A
CLERMONT, FL 34711 US

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: RAJAB ABU KHADRAH 04/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABU KHADRAH, RAJAB DR.
Address: 2319 S LAKE SHORE DR
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete
Name: ARWA, ALBEK
Address: 2319 S LAKE SHORE DR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ABU KHADRAH, RAJAB DR.
Address: 255 CITRUS TOWER BLVD #202A
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change ( ) Addition
Name: ALBEK, ARWA
Address: 255 CITRUS TOWER BLVD #202A
City-St-Zip: CLERMONT, FL 34711

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: RAJAB ABU KHADRAH P 04/27/2006
Electronic Signature of Signing Officer or Director Date