## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000131292

Entity Name: CENTER FOR GASTROENTEROLOGY, P.A.

**FILED** Mar 26, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3591 N 31ST AVENUE 12251 TAFT STREET HOLLYWOOD, FL 33021

SUITE 301

PEMBROKE PINES, FL 33026

**Current Mailing Address: New Mailing Address:** 

3591 N 31ST AVENUE HOLLYWOOD, FL 33021

FEI Number: 30-0509841 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANDRA GREENBLATT, P.A. ONE BISCAYNE TOWER, SUITE 3500 2 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131 US

KOSCHE, KATHERINE A MD 3591 N 31ST AVE HOLLYWOOD, FL 33021 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: KATHERINE A. KOSCHE, MD 03/26/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S ( ) Delete () Change () Addition KOSCHE, KATHERINE A M.D. Name: Name:

3591 N 31ST AVENUE Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHERINE A. KOSCHE, MD **PRES** 03/26/2009