


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90049 034 \*\*\*150.00

<b>DOCUMENT # P93000000122</b> 1. Entity Name <b>ADVANCED GASTROENTEROLOGY ASSOCIATES, P.A.</b>					
Principal Place of Business <b>2595 TAMPA ROAD STE E PALM HARBOR, FL 34684</b>			Mailing Address <b>2595 TAMPA ROAD STE E PALM HARBOR, FL 34684</b>		
2. Principal Place of Business <b>39041 US 19 North</b> Suite, Apt. #, etc. <b>Suite A</b>		3. Mailing Address <b>39041 US 19 North</b> Suite, Apt. #, etc. <b>Suite A</b>			
City & State <b>Palm Harbor FL</b>		City & State <b>Palm Harbor FL</b>		4. FEI Number <b>59-3157812</b>	
Zip <b>34684</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JAWAHAR, TAUNK 2595 TAMPA ROAD SUITE K PALM HARBOR, FL 34684</b>				7. Name and Address of New Registered Agent Name <b>39041 US 19 North</b> Street Address (P.O. Box Number is Not Acceptable) <b>Suite A</b> City <b>Palm Harbor</b> <b>FL</b> Zip Code <b>34684</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAUNK, JAWAHAR 2595 TAMPA RD, STE E PALM HARBOR, FL 34684 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Taunk, Jawahar 39041 US 19 North Suite A Palm Harbor FL 34684	
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	
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	
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	
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	
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> <i>Jawahar Al Taunk</i>			Date <b>1/26/05</b> (727) 786-0017		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

50014117



01242005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable