

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000062045 (8)**

1. Corporation Name

CENTRAL FLORIDA GASTROENTEROLOGY, P.A.



Principal Place of Business	Mailing Address
309 W. 1ST ST. SANFORD FL 32771	309 W. 1ST ST. SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1993

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1061 MEDICAL CENTER	26 1061 MEDICAL CENTER	59-3198516	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22 103	27 103	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23 ORANGE CITY, FL	28 ORANGE CITY, FL	8. This corporation owes or has paid the current year Intangible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	Personal Property Tax due June 30.	
24 32763	25 U.S.A.		
29 32763	30 U.S.A.		

9. Name and Address of Current Registered Agent

PARIKH, NITIN J MD
309 W. 1ST ST.
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name	PARIKH, NITIN J. M.D.
82 Street Address (P.O. Box Number is Not Acceptable)	1061 MEDICAL CENTER DR. # 103
83	
84 City	ORANGE CITY FL
85 Zip Code	32763

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1-8-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D.P
NAME	PARIKH, NITIN J MD	1.2 NAME	PARIKH, NITIN J M.D.
STREET ADDRESS	309 W. 1ST ST.	1.3 STREET ADDRESS	1061 MEDICAL CENTER DR. Suite #103
CITY-ST-ZIP	SANFORD FL 32771	1.4 CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE		2.1 TITLE	D.VP
NAME		2.2 NAME	FELIX A. NAVARRO, JR, M.D.
STREET ADDRESS		2.3 STREET ADDRESS	1061 MEDICAL CENTER DR. #103
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE		3.1 TITLE	D S
NAME		3.2 NAME	Purna Parikh
STREET ADDRESS		3.3 STREET ADDRESS	1061 Medical Center Drive #103
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orange City, FL 32763
TITLE		4.1 TITLE	D T
NAME		4.2 NAME	Maria Navarro
STREET ADDRESS		4.3 STREET ADDRESS	1061 Medical Center Drive #103
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orange City, FL 32763
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE: *[Signature]*

1-8-98 (904)-775-4730

CR2E034 (10/97)