


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUMENT # P93000062045 | |  |
| 1. Entity Name CENTRAL FLORIDA GASTROENTEROLOGY, P.A. | | |

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|---|--|
| Principal Place of Business 1061 MEDICAL CENTER DR 103 ORANGE CITY, FL 32763, US | Mailing Address 1061 MEDICAL CENTER DR 103 ORANGE CITY, FL 32763 US |
|---|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

06072004 Chg-P CR2E034 (10/03)

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|-----------------------------|--|
| 4. FEI Number 59-3198516 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PARIKH, NITIN J MD 1061 MEDICAL CENTER DR #103 ORANGE CITY, FL 32763 | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | FL Zip Code | |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-----------------------|--|
| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PARIKH, NITIN J MD 1061 MEDICAL CENTER DR, STE 103 ORANGE CITY, FL 32763 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200038356162 06/28/04--01064--020 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP NAVARRO, FELIX A JR 1061 MEDICAL CENTER DR #103 ORANGE CITY, FL 32763 <input checked="" 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 | DST PARIKH, PURNA N 1061 MEDICAL CENTER DR #103 ORANGE CITY, FL 32763 <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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-04

Date

386-775-4720

Daytime Phone #

STEVEN H. KANE*
JEFFREY M. KOLTUN**
ELISA A. CAWOOD***

KANE AND KOLTUN
ATTORNEYS AT LAW
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
557 NORTH WYMORE ROAD
SUITE 100
MAITLAND, FLORIDA 32751
E-MAIL: lawoffices@kaneandkoltun.com

TELEPHONE
(407) 661-1177

TELEFAX
(407) 660-6031

*L.L.M. in Taxation
Florida Board Certified in
Wills, Estates and Trusts

**Also admitted in Ohio
and Kentucky

***Also admitted in Kentucky
and Missouri

June 14, 2004

Secretary of State
Bureau of Corporate Records
Corporations Division
Post Office Box 6327
Tallahassee, Florida 32314

Re: Central Florida Gastroenterology, P.A.

Dear Sir or Madam:

We have enclosed the Amended Uniform Business Report for Central Florida Gastroenterology, P.A., which provides for the resignation of Felix Navarro, Jr. as a member of the Board of Directors and as an officer. We have also enclosed a check in the amount of \$61.25 made payable to the Department of State to cover the filing fee.

Please contact me if you have any questions or need additional information.

Sincerely,



Jeffrey M. Koltun

JMK:kk

Enclosures

cc: Mrs. Purna N. Parikh