


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90005 029 ***150.00

DOCUMENT # P94000023661

1. Entity Name
PETER R. DUMAS, M.D., P.A.



Principal Place of Business
**1215 JACARANDA BLVD.
 VENICE, FL 34292**

Mailing Address
**1143 KINGS WAY DR.
 NOKOMIS, FL 34275 US**

Gulf Coast Digestive Health Center

2. Principal Place of Business - No P.O. Box #
825 VENETIAN Pkwy

3. Mailing Address
1013 BAYSHORE RD.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
VENICE FL

City & State
NOKOMIS FL


Zip
34295

Country
USA

Zip
34275

Country
U.S.A.

40061614



02222007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**DUMAS, PETER R
 1143 KINGS WAY DR
 NOKOMIS, FL 34275**

4. FEI Number
65-0472444

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
DUMAS, PETER R.

Street Address (P.O. Box Number is Not Acceptable)
1013 BAYSHORE RD.

City
NOKOMIS FL

Zip Code
34275

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 *Peter R Dumas* DATE **2-22-07**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUMAS, PETER R 1143 KINGS WAY DR NOKOMIS, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUMAS, PETER R. 1013 BAYSHORE RD. NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Peter R Dumas* Date **2-22-07** Daytime Phone # **941 223 6821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #