

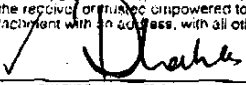
FROM :

FAX NO. : 4078314407

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90004 046 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000013836		
1. Entity Name GASTROENTEROLOGY CONSULTANTS OF POLK COUNTY, P.A.		
Principal Place of Business 40124 HWY 27 SUITE 102 DAVENPORT, FL 33837 US		Mailing Address 40124 HWY 27 SUITE 102 DAVENPORT, FL 33837 US
DO NOT WRITE IN THIS SPACE		
		54059904 
		06162004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3360651		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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 Agents signature required when constituting) DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	PSTD KAHLON, DEVENDRA S M.D. 40124 HWY 27 N, SUITE 102 DAVENPORT, FL 33837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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 person or persons 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: 		6/30/04 863-419-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone

FROM :

FAX NO. : 4078314407

Attachment
Jun. 16 2004 03:08PM P5

Dr. # P96000013836
24059904

Gastroenterology Consultants of Polk County, P.A.
40124 Hwy 27, Ste. 102
Davenport, FL 33837
863-419-1166

June 17, 2004

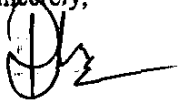
Florida Department of Revenue
Division of Corporations, U.B.R.
P.O. Box 1500
Tallahassee, FL 32303-1500

Dear Sir or Madam:

As per review of our records, it indicated that we were not in receipt of the annual corporate renewal from your office. Upon discussion with your office, and with their suggestion, we are enclosing the check for the amount of \$ 150.00 for the year 2004.

Kindly accept our report and waive the \$ 400.00 in penalties associated with such filing. Your uppermost attention to this matter is appreciated.

Sincerely,



Dr. Devendra Kahlon , Prcsident