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	Mailing Address
40124 HWY 27 SUITE 102 DAVENPORT, FL 33837 US	40124 HWY 27 SUITE 102 DAVENPORT, FL 33837 US

54059904

06162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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	PSTD
NAME	KAHLON, DEVENDRA S M.D.
STREET ADDRESS	40124 HWY 27 N, SUITE 102
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: ✓ _____ 6/30/04 863-419-1164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FROM :

FAX NO. : 4078314407 Jun. 16 2004 03:08PM P5

Attachment
Doc. # P96000013836
540599 04

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 , President