

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90053 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013836	
1. Entity Name	
Gastroenterology Consultants of Polk County P.A.	

DO NOT WRITE IN THIS SPACE

20012490

2. Principal Place of Business 40124 Hwy 27 N Ste # 102		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Davenport, FL		City & State	
Zip 33837	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3360651		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
Street Address (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE

City
CORAL GABLES **FL** **Zip Code**
33134

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11.

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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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/05 863-419-1166