FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2006 8:00 am
Secretary of State
04-19-2006 90096 044 ***150.00

DOCUMENT # P96000013836

1. Entity Name

Gastroentrology Consultants of Polk County P.A.

DO NOT WRITE IN THIS SPACE

60028629

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 59-3360651 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Herman Singh

Street Address (P.O. Box Number is Not Acceptable): 500 S.R. 436 STE 2016

CASSELBERRY FL 32707

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 for Herman Singh on the request of Herman Singh DLS 4/12/06

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE	P,S,T,D	TITLE	
NAME	KAHLON, DEVENDRA S MD	NAME	
STREET ADDRESS	40124 HWY 27 N., STE. 102	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33837	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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: DEVENDRA S. KAHLON 3/13/06 863-419-1166

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