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FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000056710 (2)

1. Corporation Name

GASTROENTEROLOGY CONSULTANTS OF CENTRAL FLORIDA,
P.A.

Principal Place of Business

7210 CURRY FORD ROAD
ORLANDO FL 32822

Mailing Address

7210 CURRY FORD ROAD
ORLANDO FL 32822-5806

7824 LAKE UNDERHILL STE C
ORLANDO

3. Date Incorporated or Qualified
07/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 7824 LAKE UNDERHILL

Suite, Apt. #, etc.

22 STE C

City & State

23 ORLANDO FL

Zip

24 32822

Country

25 USA

2a. Mailing Address

26 7824 LAKE UNDERHILL

Suite, Apt. #, etc.

27 STE C

City & State

28 ORLANDO FL

Zip

29 32822

Country

30 US

4. FEI Number

593385912

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TALLEY, JAMES M
20 NORTH ORANGE AVENUE
SUITE 1500
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHULTZ, ROBERT
STREET ADDRESS 4044 GIDER ROAD PLACE
CITY-ST-ZIP WINTER PARK FL 32792
SHULTZ ROBERT

TITLE STD
NAME MOORE, KEITH
STREET ADDRESS 7212 CURRY FORD ROAD
CITY-ST-ZIP ORLANDO FL 32822
MOORE KEITH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME SHULTZ ROBERT
1.3 STREET ADDRESS 7824 LAKE UNDERHILL STE C
1.4 CITY-ST-ZIP ORLANDO FL 32822

2.1 TITLE SEC TR
2.2 NAME MOORE KEITH
2.3 STREET ADDRESS 7824 LAKE UNDERHILL STE C
2.4 CITY-ST-ZIP ORLANDO FL 32822

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

[Signature]

2/13/97 407 7774665

CR2E034 (9/96)