

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107769

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** FLORIDA GASTROENTEROLOGY SPECIALISTS, P.A.

**Current Principal Place of Business:**

1713 N.W. FEDERAL HWY.  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

1713 N.W. FEDERAL HWY.  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 65-0807000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLEIN, STUART B  
1551 FORUM PLACE  
SUITE 400B  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** RAM, LEONARD J  
**Address:** 1713 N.W. FEDERAL HWY.  
**City-St-Zip:** STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LEONARD RAM

DR.

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date