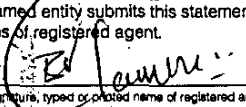
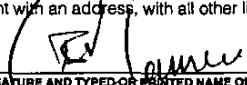


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90087 006 ***150.00

DOCUMENT # P98000082999 1. Entity Name ADVANCED GASTRO AND LIVER CARE, P.A.																													
Principal Place of Business 5800 49TH STREET N STE 206-S SAINT PETERSBURG, FL 33709			Mailing Address 5800 49TH STREET N STE 206-S SAINT PETERSBURG, FL 33709																										
2. Principal Place of Business 6225 66th St N Suite, Apt. #, etc.		3. Mailing Address 6225 66th St N Suite, Apt. #, etc.																											
City & State Pinellas Park FL		City & State Pinellas Park FL		4. FEI Number 59-3534246																									
Zip 33781		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GLAMOUR, TEJINDER S M.D. 5800 49TH ST N STE 206S SAINT PETERSBURG, FL 33709				7. Name and Address of New Registered Agent Name Tejinder S Glamour MD Street Address (P.O. Box Number Is Not Acceptable) 6225 66th Street N City Pinellas Park FL Zip Code 33781																									
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:  TEJINDER S. GLAMOUR 2-14-5 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">GLAMOUR, TEJINDER S M.D.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5800 49TH STREET N, STE 206-S</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">SAINT PETERSBURG, FL 33709</td> </tr> </table>			TITLE	D	☐ Delete	NAME	GLAMOUR, TEJINDER S M.D.		STREET ADDRESS	5800 49TH STREET N, STE 206-S		CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">Tejinder S. Glamour MD</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6225 66th St N</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Pinellas Park FL 33781</td> </tr> </table>			TITLE	D	☒ Change ☐ Addition	NAME	Tejinder S. Glamour MD		STREET ADDRESS	6225 66th St N		CITY-ST-ZIP	Pinellas Park FL 33781	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE:  TEJINDER S. GLAMOUR 2-14-5 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 727-521-0994																													