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	Mailing Address
5800 49TH STREET N STE 206-S SAINT PETERSBURG, FL 33709	5800 49TH STREET N STE 206-S SAINT PETERSBURG, FL 33709

02112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6225 66th St N		6225 66th St N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Pinellas Park FL		City & State: Pinellas Park FL	
Zip: 33781	Country	Zip: 33781	Country

4. FEI Number: 59-3534246 ☐ Applied For ☐ Not Applicable

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: [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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLAMOUR, TEJINDER S M.D. 5800 49TH STREET N, STE 206-S SAINT PETERSBURG, FL 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Tejinder S. Glamour, MD 6225 66th St N Pinellas Park FL 33781	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] TEJINDER S. GLAMOUR 2-14-5 727-521-0994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #