2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# S71842

Entity Name: GI SPECIALISTS, P.A.

Current Principal Place of Business:

12700 CREEKSIDE LANE
SUITE 302
FORT MYERS, FL 33919 US

New Principal Place of Business:

8380 RIVERWALK PARK BLVD
SUITE 310
FORT MYERS, FL 33919 US

Current Mailing Address:

P.O. BOX 60157
FORT MYERS, FL 33906 US

New Mailing Address:

FEI Number: 59-3080048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINI, MUKUND P MD
13672 PINE VILLA LANE
FT. MYERS, FL 33912 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: D ( ) Delete
Name: KINI, MUKUND P., M.D, .
Address: 13672 PINE VILLA LANE
City-St-Zip: FT. MYERS, FL 33912

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 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 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: MUKUND P KINI MD D 04/24/2004
Electronic Signature of Signing Officer or Director Date