## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1999	Katherine Harris Secretary of State DIVISION OF CORPORATIONS	Secretary of State 04-23-1999 90029 003 ***150.00
DOCUMENT # SO J. Corporation Name LONGWOOD GASTROENT		

					LIEK EKKU EL	AK TUK!	enen alak eren ken	
Principal Place of Business	Mailing Address .			* 100:10:0 (10 10:0) (10:1) 00:11 00:11		B-1 E-1011	#1211 B1211 B1311 1231	
2501 NORTH ORANGE AVENUE SUITE 200	2501 NORTH ORANGE AVENUE SUITE 200							
ORLANDO FL 32804	ORLANDO FL 32804			DO NOT WRITE IN THIS SPACE				
			li i	Date Incorporated or Qualifed 10/29/1991				
2. Principal Place of Business	2a. Mailing Address		4, 1	FEI Number	-		Applied For	
21	26		!	59-3094790	•		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Certificate of Status Desired		•	75 Additional se Required	
City & State	City & State			Election Campaign Financing Trust Fund Contribution			.00 May Be ided to Fees	
Zip Country 24 25	Zip Co. 30	untry		This corporation owes the curre Personal Property Tax.	-	angible Yes	s 🗆 No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
STYNE, PHILIP N.	<u>-</u>		Name					
2501 NORTH ORANGE AVENUE SUITE 200		Ш	Street Address (P.	O. Box Number is Not Acceptat	ole) 			
ORLANDO FL 32804		83	·					
		84	City		FL	85	Zip Code	
<ol> <li>Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl</li> </ol>	ite of Florida. Such change was authorized	đ by th	named corporation e corporation's boa	submits this statement for the pard of directors. I hereby accept	urpose of o the appoir	changin itment a	ig its registered as registered	
SIGNATURE								

SIGNATURE			
<u> </u>		E: Registered Agent signature required when reinstating)  DATE  DESCRIPTION OF THE PROPERTY OF	_
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST DELETE	1.1 TTLE Change Addi	HOU
NAME	STYNE, PHILIP N.	1.2 NAME	
STREET ADDRESS	2501 N. ORANGE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
ππ∟E [	D DELETE	2.1 TITLE Change Addit	ition
NAME	STYNE, PHILIP N.	2.2 NAME	
STREET ADDRESS	2501 N. ORANGE AVENUE - 250 250 250 250	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
ŤIπLE	. DELETE	3.1 TTLE Change Addit	tion
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY- ST- ZIP	
TITLE	☐ DELETE	4.1 TITLE , Change Addition	ition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	ļ
CITY-ST-ZIP	<u> </u>	4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE Change Addit	tion
NAME	•	52 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addit	tion
NAME (		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SQUATE REQUIRED
SQUATURE AND TYPED OF PRINTED PARISE OF SIGNING OFFICER OR DIRECTOR