

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/5/2

**FILED**  
**Sep 28, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90246 017 \*\*\*150.00  
09-28-2004 90001 012 \*\*\*400.00

**DOCUMENT # S98806**

1. Entity Name  
**BRADENTON GASTROENTEROLOGY, P.A.**



Principal Place of Business  
**2902 59TH ST W  
C  
BRADENTON, FL 34209 US**

Mailing Address  
**2902 59TH ST W  
C  
BRADENTON, FL 34209 US**

54013314



03032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0300370**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BELSITO, ALPHONSO A.  
23730 CR 675 NORTH  
MYAKKA CITY, FL 34251**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
**D**  
NAME  
**BELSITO, ALPHONSO A.**  
STREET ADDRESS  
**2902 59TH ST., W. STE. C**  
CITY- ST- ZIP  
**BRADENTON, FL**

TITLE  
**A**  
NAME  
**BELSITO, JOHN**  
STREET ADDRESS  
**2902 59TH ST WEST**  
CITY- ST- ZIP  
**BRADENTON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 and typed or printed name of signing officer or director

Date

Daytime Phone #

941-792-1430



Attachment  
54073574

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 19, 2004

BRADENTON GASTROENTEROLOGY, P.A.  
2902 59TH ST W  
C  
BRADENTON, FL 34209 US

Subject: **BRADENTON GASTROENTEROLOGY, P.A.**

Reference Number: **S98806**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RJ

ANNUAL REPORTS SECTION