

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V24241** (4)

1. Corporation Name

GASTROENTEROLOGY GROUP OF NAPLES, P.A.



Principal Place of Business

**1064 GOODLETTE ROAD
NAPLES FL 33940**

Mailing Address

**1064 GOODLETTE ROAD
NAPLES FL 33940**

3. Date Incorporated or Qualified
03/27/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0320922

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**GOTSIS, PERRY A. M.D.
1064 GOODLETTE ROAD
200 S BISCAYNE BLVD #4500
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Perry A. Gotsis M.D.

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
GOTSIS, PERRY A
1064 GOODLETTE ROAD
NAPLES FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
PHILLIPS, RAYMOND W
1064 GOODLETTE ROAD
NAPLES FL**

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CITY - ST - ZIP

13.

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Raymond W. Phillips*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/17/96

Printed Name

0337567

CP

CR2E034 (12/95)