2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# 602115

Entity Name: GASTRO CONSULTANTS, P.A.

Current Principal Place of Business:

4700-M SHERIDAN STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4700-M SHERIDAN STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-1293161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHONFELD, WAYNE B
4700 M SHERIDAN STREET
HOLLYWOOD, FL 33021 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

OFFICERS AND DIRECTORS:

Title: P
Name: SCHONFELD, WAYNE B MD
Address: 4700M SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: V
Name: WEISS, DAVID S MD
Address: 4700M SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: S
Name: MIGICOVSKY, BARRY MD
Address: 4700M SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: T
Name: KANER, JEFFREY B MD
Address: 4700M SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: LANOUE, ALIX MD
Address: 4700M SHERIDAN ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: MARATCHI, LEON S MD
Address: 4700M SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: WAYNE B. SCHONFELD P 01/10/2012

Electronic Signature of Signing Officer or Director Date