2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F83757

1. Entity Name
SUNCOAST G.I. ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
250 2ND STREET E. SUITE 3E BRADENTON, FL 34208-1042	250 2ND STREET E. SUITE 3E BRADENTON, FL 34208-1042

DO NOT WRITE IN THIS SPACE

01122007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2190460
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REDDY, KAKUTURU L.
250 2ND STREET EAST
SUITE 3E
BRADENTON, FL 34208

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REDDY, KAKUTURU L
STREET ADDRESS	250 2ND STREET EAST SUITE 3E
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	VPD
NAME	DAWSON, MARK S.
STREET ADDRESS	250 2ND ST E STE 3E
CITY-ST-ZIP	BRADENTON, FL
TITLE	STD
NAME	FAZZARY, MARIE
STREET ADDRESS	250 2ND ST E STE 3E
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	D
NAME	SHASHIDHARA, MALERY
STREET ADDRESS	250 2ND STREET E SUITE 3E
CITY-ST-ZIP	BRADENTON, FL 342081042
TITLE	D
NAME	KOCAB, MARK A
STREET ADDRESS	250 2ND ST E STE 3E
CITY-ST-ZIP	BRADENTON, FL 342081042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/07-60021-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Malery Shashidhara, M.D. 4/15/07 941-748-2417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #