

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01456

FILED  
Feb 04, 2011  
Secretary of State

**Entity Name:** GASTROENTEROLOGY ASSOCIATES OF SOUTHWEST FLORIDA, P.A.

**Current Principal Place of Business:**

4790 BARKLEY CIRCLE  
BUILDING A  
F. MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

4790 BARKLEY CIRCLE  
BUIDLING A  
FT. MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 65-0302093      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEEKAYTAN, SHARMA  
4790 BARKLEY CIRCLE  
FT MYERS, FL 33907 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: SHARMA, NEEKAYTAN MD  
Address: 4790 BARKLEY CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

Title: VP  
Name: FEIOCK, BRIAN D MD  
Address: 4790 BARKLEY CIRCLE  
City-St-Zip: FT MYERS, FL 33907

Title: VP  
Name: LONGENDYKE, BRIAN E DO  
Address: 4790 BARKLEY CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

Title: VP  
Name: WEISS, MICHAEL H MD  
Address: 4790 BARKLEY CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

Title: VP  
Name: BAYS, MICHAEL W DO  
Address: 4790 BARKLEY CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

Title: VP  
Name: RAJU, SRINIVAS MD  
Address: 4790 BARKLEY CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

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: NEEKAYTAN SHARMA

P

02/04/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date