

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602115

**Entity Name:** GASTRO CONSULTANTS, P.A.

**Current Principal Place of Business:**

4700-F SHERIDAN STREET  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4700-M SHERIDAN STREET  
HOLLYWOOD, FL 33021

**FEI Number:** 59-1293161

**Certificate of Status Desired:** No

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

MARATCHI, LEON S.  
4700 M SHERIDAN STREET  
HOLLYWOOD, FL 33021 US

*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:** LEON S. MARATCHI

03/05/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title            D  
Name            MISHIEV, BAAZ MD  
Address        4700-M SHERIDAN STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title            DIRECTOR  
Name            MOLINA, ENRIQUE G. MD  
Address        4700-M SHERIDAN STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title            DIRECTOR  
Name            STENGEL, JOEL Z. MD  
Address        4700-M SHERIDAN STREET  
City-State-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:** DAVID S. WEISS

PRESIDENT

03/05/2018

Electronic Signature of Signing Officer/Director Detail

Date