

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602115

Entity Name: GASTRO CONSULTANTS, P.A.**Current Principal Place of Business:**4700-M 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. DR.
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

04/12/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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 DIRECTOR
Name MISHIEV, BAAZ 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: LEON MARATCHI

DIRECTOR

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date