

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01456

FILED
Feb 17, 2014
Secretary of State
CC6021540922

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

Current Principal Place of Business:

4790 BARKLEY CIRCLE
BUILDING A
F. MYERS, FL 33907

Current Mailing Address:

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

FEI Number: 65-0302093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEEKAYTAN, SHARMA
4790 BARKLEY CIRCLE
FT MYERS, FL 33907 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SHARMA, NEEKAYTAN MD
Address 4790 BARKLEY CIRCLE
City-State-Zip: FORT MYERS FL 33907

Title VP
Name FEIOCK, BRIAN DMD
Address 4790 BARKLEY CIRCLE
City-State-Zip: FT MYERS FL 33907

Title VP
Name LONGENDYKE, BRIAN EDO
Address 4790 BARKLEY CIRCLE
City-State-Zip: FORT MYERS FL 33907

Title VP
Name WEISS, MICHAEL HMD
Address 4790 BARKLEY CIRCLE
City-State-Zip: FORT MYERS FL 33907

Title VP
Name BAYS, MICHAEL WDO
Address 4790 BARKLEY CIRCLE
City-State-Zip: FORT MYERS FL 33907

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

Title VP
Name KOKA, RAMESH DR.
Address 4790 BARKLEY CIRCLE
BUILDING A
City-State-Zip: FORT MYERS FL 33907

Title VP
Name HAZAN, TAL B
Address 4790 BARKLEY CIRCLE
BUILDING A
City-State-Zip: F. MYERS FL 33907

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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

AGENT

02/17/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, ADMINISTRATIVE
Name GANTT, KERRI JO
Address 4790 BARKLEY CIRCLE
BUILDING A
City-State-Zip: F. MYERS FL 33907

Title DIRECTOR, MEDICAL
Name SHARMA, NEEKAYTAN
Address 4790 BARKLEY CIRCLE
BUILDING A
City-State-Zip: F. MYERS FL 33907

Title VP
Name PEREZ-BARRIOS, JULIAN
Address 4790 BARKLEY CIRCLE
BUILDING A
City-State-Zip: F. MYERS FL 33907