

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V01456

**FILED**  
**Feb 01, 2021**  
**Secretary of State**  
**7368137014CC**

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

Title            SECRETARY, TREASURER  
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: KERRI JO GANTT**

**DIR**

**02/01/2021**

\_\_\_\_\_  
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