2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01456

Entity Name: GASTROENTEROLOGY ASSOCIATES OF SOUTHWEST

FLORIDA, P.A.

Mar 11, 2013 **Secretary of State** CC5749299976

FILED

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 Title VΡ

SHARMA, NEEKAYTAN MD FEIOCK, BRIAN DMD Name Name 4790 BARKLEY CIRCLE Address Address 4790 BARKLEY CIRCLE City-State-Zip: FT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title ٧P Title

Name WEISS, MICHAEL HMD LONGENDYKE, BRIAN EDO Name Address 4790 BARKLEY CIRCLE 4790 BARKLEY CIRCLE Address City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title VΡ Title

RAJU, SRINIVAS MD Name Name BAYS, MICHAEL WDO Address 4790 BARKLEY CIRCLE Address 4790 BARKLEY CIRCLE City-State-Zip: FORT MYERS FL 33907 FORT MYERS FL 33907 City-State-Zip:

VΡ Title

KOKA, RAMESH DR. Name Address 4790 BARKLEY CIRCLE

BUILDING A

City-State-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

PRESIDENT

03/11/2013