

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005152

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** GASTROENTEROLOGY PHYSICIAN ASSISTANTS, INC.

**Current Principal Place of Business:**

11700 N 58TH ST SUITE B  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 82511  
TAMPA, FL 336822511

**New Mailing Address:**

**FEI Number:** 27-0001314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EASTER, SUSAN  
11700 N 58TH ST SUITE B  
TEMPLE TERRACE, FL 33617 US

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

EASTER, SUSAN  
713 WILLOW BROOK COURT  
LUTZ, FL 33549 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:

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SENECA, DOUGLAS  
Address: 320 ROYAL LAKER DR  
City-St-Zip: PONTE VEDRA, FL 32081

Title: ED  
Name: EASTER, SUSAN  
Address: 713 WILLOW BROOK COURT  
City-St-Zip: LUTZ, FL 33549

Title: P  
Name: CARPENTER, DAVID  
Address: 705 TOWN BLVD APT 530  
City-St-Zip: ATLANTA, GA 30319

Title: T  
Name: ABRAMOV, FRIDA  
Address: 163-09 72 AVE  
City-St-Zip: FRESH MEADOWS, NY 11365

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN EASTER

ED

04/30/2012

Electronic Signature of Signing Officer or Director

Date