

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F41062**

1. Corporation Name

GASTROENTEROLOGY AND ONCOLOGY ASSOCIATES, P.A.

Principal Place of Business

5767 - 49TH ST., N.
8
ST PETERSBURG FL 33709
US

Mailing Address

5767 - 49TH ST., N.
ST PETERSBURG FL 33709
US

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90012 047 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1981

4. FEI Number

59-2114530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAMATH, JAYAPRAKASH K MD PA
5767 - 49TH ST., N.
ST PETERSBURG, FLORIDA
33709

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **KAMATH, JAYAPRAKASH K**
STREET ADDRESS **2422 KENT PLACE S.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **DV** ☐ DELETE

NAME **SREENATH, BELUR S.**
STREET ADDRESS **10092 WINDTREE BLVD.**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **DS** ☐ DELETE

NAME **KAMATH, GEETHA J.**
STREET ADDRESS **2422 KENT PLACE S.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **DV** ☐ DELETE

NAME **POTHEN JACOB**
STREET ADDRESS **2832 Sandpiper PL**
CITY-ST-ZIP **Clearwater FL 33762**

TITLE **DV** ☐ DELETE

NAME **CHETAN DESAI**
STREET ADDRESS **9174 Waterash Lane**
CITY-ST-ZIP **Pinellas Park 33782**

TITLE **ANIL RAIKER** ☐ DELETE

NAME **ANIL RAIKER**
STREET ADDRESS **10757 Bardes Ct**
CITY-ST-ZIP **Largo FL 33777**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vasanthan R. Raju*

7/01/99 727-522-0558

0090027

CR2E034 (5/99)