

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F52869

FILED
Mar 09, 2011
Secretary of State

Entity Name: GASTROINTESTINAL ASSOCIATES, P.A.

Current Principal Place of Business:

3635 S CLYDE MORRIS BLVD.
100
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

3635 S CLYDE MORRIS BLVD.
100
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-2132442 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STELLA, GREGORY J
3635 S CLYDE MORRIS BLVD.
100
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: STELLA, GREGORY J.
Address: 3635 S CLYDE MORRIS BLVD., #100
City-St-Zip: PORT ORANGE, FL 32129

Title: TSD
Name: AGNONE, LOUIS M
Address: 3635 S CLYDE MORRIS BLVD., #100
City-St-Zip: PORT ORANGE, FL 32129

Title: SD
Name: MOULIS, HARRY MD
Address: 3635 S CLYDE MORRIS BLVD., #100
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: DONATO, RICCI
Address: 3635 S CLYDE MORRIS BLVD., #100
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: PASRICHA, SUNIL
Address: 3635 S. CLYDE MORRIS BLVD., #100
City-St-Zip: PORT ORANGE, FL 32129

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: GREGORY STELLA

PD

03/09/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date