


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90361 026 ***150.00

DOCUMENT # G63900		
1. Entity Name GASTROENTEROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.		

Principal Place of Business 1817 N MILLS RD ORLANDO, FL 32804	Mailing Address 1817 N MILLS RD ORLANDO, FL 32804
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2. Principal Place of Business 1817 North Mills Avenue Suite, Apt. #, etc.	3. Mailing Address 1817 North Mills Avenue Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32803	Zip 32803
Country	Country



04202006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2358293	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVINE, HENRY, M.D. 1817 N MILLS AVE ORLANDO, FL 32803	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEVINE, HENRY, M.D. 1817 NORTH MILLS AVENUE ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUDERMAN, WILLIAMS N M.D. 1817 NORTH MILLS AVENUE ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEINER, STEVEN D M.D. 1817 NORTH MILLS AVENUE ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MAYORAL, WILLIAM MD 1817 N MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ruderman, M.D. William B. 1817 North Mills Avenue Orlando, FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 407-896-1726
Date Daytime Phone #