

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63900

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: GASTROENTEROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.

**Current Principal Place of Business:**

1817 N MILLS AVE.  
SUITE B  
ORLANDO, FL 32803

**New Principal Place of Business:**

1817 N MILLS AVE.  
ORLANDO, FL 32803

**Current Mailing Address:**

1817 N MILLS AVE.  
SUITE B  
ORLANDO, FL 32803

**New Mailing Address:**

1817 N MILLS AVE.  
ORLANDO, FL 32803

FEI Number: 59-2358293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVINE, HENRY, M.D.  
1817 N MILLS AVE  
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEVINE, HENRY, M.D.  
Address: 1817 NORTH MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: RUDERMAN, WILLIAM B MD  
Address: 1817 NORTH MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: SD ( ) Delete  
Name: MAYORAL, WILLIAM MD  
Address: 1817 N MILLS AVE  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HENRY LEVINE

D

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date