

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63900

FILED
Apr 23, 2012
Secretary of State

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

Current Principal Place of Business:

1817 N MILLS AVE.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1817 N MILLS AVE.
ORLANDO, FL 32803

New Mailing Address:

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
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

OFFICERS AND DIRECTORS:

Title: PD
Name: LEVINE, HENRY MD
Address: 1817 NORTH MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

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

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

Title: D
Name: ILAGAN, MARLON
Address: 1817 N. MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: GIDAY, SAMUEL A
Address: 1817 N. MILLS AVE.
City-St-Zip: ORLANDO, FL 32803

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: HENRY LEVINE

D

04/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date