

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H04741

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** GASTROENTEROLOGY ASSOCIATES OF SARASOTA, P.A.

**Current Principal Place of Business:**

2089 HAWTHORNE STREET  
SUITE 200  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

2822 PROCTOR RD STE A  
SARASOTA, FL 34231

**New Mailing Address:**

7131 CURTISS AVE  
SUITE 4  
SARASOTA, FL 34231

FEI Number: 59-2411093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KUPERMAN, DOUGLAS S JR  
2822 PROCTOR RD STE A  
SARASOTA, FL 34231 US

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

KUPERMAN, DOUGLAS S JR  
7131 CURTISS AVE  
SUITE 4  
SARASOTA, FL 34231 US

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: DOUGLAS KUPERMAN

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CORBETT, F. SCOTT  
Address: 2089 HAWTHORNE STREET  
City-St-Zip: SARASOTA, FL 34239

Title: VSDT  
Name: KUPERMAN, DOUGLAS A  
Address: 2089 HAWTHORNE STREET  
City-St-Zip: SARASOTA, FL 34239

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: DOUGLAS KUPERMAN

VSDT

04/22/2011

Electronic Signature of Signing Officer or Director

Date