

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H04741

FILED  
Apr 02, 2012  
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:**

7131 CURTISS AVE  
SUITE 4  
SARASOTA, FL 34231

**New Mailing Address:**

2089 HAWTHORNE STREET  
SUITE 200  
SARASOTA, FL 34239 US

**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  
7131 CURTISS AVE  
SUITE 4  
SARASOTA, FL 34231 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: 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 A. KUPERMAN

VP

04/02/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date