

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-08-2008 90014 012 ***150.00

DOCUMENT # L99292	
1. Entity Name GASTROENTEROLOGY ASSOCIATES OF OSCEOLA, P.A.	

Principal Place of Business 715 OAK COMMONS BLVD SUITE A KISSIMMEE, FL 34741 US	Mailing Address 715 OAK COMMONS BLVD SUITE A KISSIMMEE, FL 34741 US
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66013205



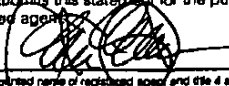
01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3029329	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KELLEY, RICHARD NICK 206 S. BEAUMONT AVE. KISSIMMEE, FL 34741
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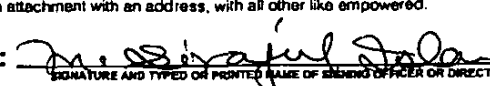
**DO NOT WRITE
IN THIS SPACE**

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 	DATE <u>4/22/08</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RIVERA, JAIME M MD 715 OAK COMMONS BLVD KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LATEEF, SYED K 715 OAK COMMONS BLVD., STE A KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ISLAM, M SIRAJ 715 OAK COMMONS BLVD KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ATIQUZZAMAN, BASHER 715 OAK COMMONS BLVD KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: 	Date _____ Daytime Phone # _____