2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 04, 2008 8:00 am
Secretary of State
05-08-2008 90014 012 ***150.00

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1. Entity Name
GASTROENTEROLOGY ASSOCIATES OF OSCEOLA, P.A.

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

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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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: Jaime M Rivera MD x 4/22/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	RIVERA, JAIME M MD
STREET ADDRESS	715 OAK COMMONS BLVD
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	VD
NAME	LATEEF, SYED K
STREET ADDRESS	715 OAK COMMONS BLVD., STE A
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	PD
NAME	ISLAM, M SIRAJ
STREET ADDRESS	715 OAK COMMONS BLVD
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D
NAME	ATIQUZZAMAN, BASHER
STREET ADDRESS	715 OAK COMMONS BLVD
CITY-ST-ZIP	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: M. Siraful Islam
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR Date Daytime Phone #