

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L99292

FILED
Apr 11, 2009
Secretary of State

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

Current Principal Place of Business:

715 OAK COMMONS BLVD
SUITE A
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

715 OAK COMMONS BLVD
SUITE A
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 59-3029329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, RICHARD NICK
206 S. BEAUMONT AVE.
KISSIMMEE, FL 34741 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: RIVERA, JAIME M MD
Address: 715 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

Title: VD () Delete
Name: LATEEF, SYED K
Address: 715 OAK COMMONS BLVD., STE A
City-St-Zip: KISSIMMEE, FL

Title: PD () Delete
Name: ISLAM, M SIRAJ
Address: 715 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: ATIQUZZAMAN, BASHER
Address: 715 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAIME M. RIVERA

STD

04/11/2009

Electronic Signature of Signing Officer or Director

Date