

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M84686

FILED  
Mar 11, 2011  
Secretary of State

**Entity Name:** PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION OF FLORIDA, P.A.

**Current Principal Place of Business:**

480 7TH AVENUE SOUTH  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

2901 58TH AVENUE NORTH  
ST. PETERSBURG, FL 33714

**Current Mailing Address:**

480 7TH AVENUE SOUTH  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

2901 58TH AVENUE NORTH  
ST. PETERSBURG, FL 33714

**FEI Number:** 59-2891909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCLLENATHAN, DANIEL T MD  
480 7TH AVE SOUTH  
SAINT PETERSBURG, FL 33701 US

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

MCCLLENATHAN, DANIEL T MD  
2901 58TH AVENUE NORTH  
SAINT PETERSBURG, FL 33714 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:

03/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MCCLLENATHAN, DANIEL T M.D.  
Address: 2901 58TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: S  
Name: WINESETT, MICHELE P M.D.  
Address: 2901 58TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: S  
Name: KAISER, GREG C MD  
Address: 2901 58TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: S  
Name: IGNACIO, JOSEPH M.D.  
Address: 2901 58TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: S  
Name: WILSEY, MICHAEL MD  
Address: 2901 58TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: S  
Name: CONDINO, ADRIA  
Address: 2901 58TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33714

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: DANIEL T MCCLLENATHAN MD

PRES

03/11/2011

Electronic Signature of Signing Officer or Director

Date