


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90156 044 ***163.75

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1. Entity Name
 ORLANDO GASTROENTEROLOGY, P.A.



Principal Place of Business
 6336 W COLONIAL DR
 ORLANDO, FL 32818
 1507 S. HIAWASSEE ROAD
 STE #105, ORLANDO FL 32835

Mailing Address
 1507 S. HIAWASSEE RD
 6336 W COLONIAL DR
 ORLANDO, FL 32818
 STE #105
 ORLANDO, FL 32835



04242006 No Chg-P CR2E034 (1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0635089	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POTHAMSETTY, SRIKIRAN
 6336 W COLONIAL DR 1507 S. HIAWASSEE RD
 ORLANDO, FL 32818 STE #105
 ORLANDO, FL 32835

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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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POTHAMSETTY, SRIKIRAN 6336 W COLONIAL DR 1507 S. HIAWASSEE RD ORLANDO, FL 32818 STE #105 ORLANDO, FL 32835
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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: SRIKIRAN POTHAMSETTY Date: 4/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR