

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026198

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** ORLANDO GASTROENTEROLOGY, P.A.

**Current Principal Place of Business:**

1507 S. HIAWASSEE ROAD  
ORLANDO, FL 32835

**New Principal Place of Business:**

1507 S. HIAWASSEE ROAD  
STE #105  
ORLANDO, FL 32835

**Current Mailing Address:**

1507 S. HIAWASSEE ROAD  
ORLANDO, FL 32835

**New Mailing Address:**

1507 S. HIAWASSEE ROAD  
STE #105  
ORLANDO, FL 32835

FEI Number: 01-0635089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POTHAMSETTY, SRIKIRAN  
1507 S. HIAWASSEE RD  
STE 105  
ORLANDO, FL 32835 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: PSTD ( ) Delete  
Name: POTHAMSETTY, SRIKIRAN  
Address: 1507 S. HIAWASSEE RD STE 105  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SRIKIRAN POTHAMSETTY

PSTD

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date