

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093385

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** GASTROENTEROLOGY SPECIALISTS OF TAMPA BAY, INC.

**Current Principal Place of Business:**

7001 N. DALE MABRY HWY  
SUITE 10  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

7001 N. DALE MABRY HWY  
SUITE 10  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 20-3095097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSARIO, ANGEL M  
7001 N. DALE MABRY HWY  
SUITE 10  
TAMPA, FL 33614 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: D  
Name: ROSARIO, ANGEL  
Address: 7001 N. DALE MABRY HWY, SUITE 10  
City-St-Zip: TAMPA, FL 33614

Title: D  
Name: CRESPO, ISRAEL  
Address: 7001 N. DALE MABRY HWY, SUITE 10  
City-St-Zip: TAMPA, FL 33614

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: ANGEL M. ROSARIO, M.D.

P

04/29/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date