

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000080414

FILED  
Aug 29, 2008  
Secretary of State

Entity Name: ADVANCED GASTROENTEROLOGY OF NAPLES P.A

## Current Principal Place of Business:

11181 HEALTH PARK BLVD #2240  
NAPLES, FL 34110

## New Principal Place of Business:

## Current Mailing Address:

11181 HEALTH PARK BLVD #2240  
NAPLES, FL 34110

## New Mailing Address:

FEI Number: 20-5023985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NANAVATI, SHARDUL  
820 GROVESMERE LOOP  
OCOE, FL 34761 US

## Name and Address of New Registered Agent:

NANAVATI, SHARDUL  
11181 HEATH PARK BLVD.  
#2240  
NAPLES, FL 34110 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: SHARDUL A. NANAVATI

08/29/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NANAVATI, SHARDUL  
Address: 11181 HEATHER PARE BLVD #2240  
City-St-Zip: NAPLES, FL 34110

Title: VP ( ) Delete  
Name: MOORTHY, PRATHIMA  
Address: 11181 HEALTH PARK BLVD STE 2240  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NANAVATI, SHARDUL  
Address: 11181 HEALTH PARK BLVD #2240  
City-St-Zip: NAPLES, FL 34110

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: SHARDUL NANAVATI

P

08/29/2008

Electronic Signature of Signing Officer or Director

Date