

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000106190

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

5562 MATANZAS DRIVE  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

5562 MATANZAS DRIVE  
SEBRING, FL 33872

**New Mailing Address:**

**FEI Number:** 30-0518223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AHMADI, BAHRAM  
5562 MATANZAS DRIVE  
SEBRING, FL 33872 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: AHMADI, BAHRAM  
Address: 5562 MATANZAS DRIVE  
City-St-Zip: SEBRING, FL 33872

Title: DIR  
Name: AHMADI, BAHRAM  
Address: 5562 MATANZAS DRIVE  
City-St-Zip: SEBRING, FL 33872

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: BAHRAM AHMADI

CEO

04/28/2011

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

\_\_\_\_\_  
Date