

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000111471

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** PEDIATRIC GASTROENTEROLOGY OF FLORIDA, P.A.

**Current Principal Place of Business:**

13691 METRO PARKWAY SOUTH SUITE 340  
FT MYERS, FL 33912

**New Principal Place of Business:**

13770 PLANATATION RD  
UNIT 4  
FT MYERS, FL 33912

**Current Mailing Address:**

13691 METRO PARKWAY SOUTH SUITE 340  
FT MYERS, FL 33912

**New Mailing Address:**

13770 PLANATATION RD  
UNIT 4  
FT MYERS, FL 33912

**FEI Number:** 26-3954347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GANATRA, JAYSHREE MD  
13691 METRO PARKWAY SOUTH SUITE 340  
FT MYERS, FL 33912 US

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

GANATRA, JAYSHREE MD  
13770 PLANATATION RD  
UNIT 4  
FT MYERS, FL 33912 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:

04/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GANATRA, JAYSHREE V MD  
Address: 13770 PLANATATION RD, UNIT 4  
City-St-Zip: FT MYERS, FL 33912

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: JAYSHREE V. GANATRA, MD

D

04/08/2011

Electronic Signature of Signing Officer or Director

Date