

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000033008

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

**Entity Name:** SUNCOAST GASTROENTEROLOGY P.A.

**Current Principal Place of Business:**

131 S. CITRUS AVE., POD C, SUITE 1  
INVERNESS, FL 34452

**New Principal Place of Business:**

214 S. PINE AVENUE  
INVERNESS, FL 34452

**Current Mailing Address:**

P.O. BOX 606  
CRYSTAL RIVER, FL 344230606

**New Mailing Address:**

**FEI Number:** 36-4672921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUENO, FERNANDO  
131 S. CITRUS AVE., POD C, SUITE 1  
INVERNESS, FL 34452 US

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

BUENO, FERNANDO  
39 SE 11TH ST  
CRYSTAL RIVER, FL 34429 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: FERNANDO BUENO MD

03/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BUENO, FERNANDO  
Address: 39 SE 11TH ST  
City-St-Zip: CRYSTAL RIVER, FL 34429

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: FERNANDO BUENO MD

D

03/28/2011

Electronic Signature of Signing Officer or Director

Date