2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# P93000000122

Entity Name: ADVANCED GASTROENTEROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

34041 US HWY 19 NORTH
SUITE A
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

34041 US HWY 19 NORTH
SUITE A
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3157812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAWAHAR, TAUNK
34041 US HWY 19 NORTH
SUITE A
PALM HARBOR, FL 34684 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: DP ( ) Delete
Name: TAUNK, JAWAHAR
Address: 34041 US HWY 19 NORTH, SUITE A
City-St-Zip: PALM HARBOR, FL 34684

Title: S ( ) Delete
Name: ZELIG, MICHAEL MD
Address: 584 LAKEWOOD DR.
City-St-Zip: OLDSMAR, FL 34677

Title: T ( ) Delete
Name: AMIN, SANJIV P DO
Address: 2896 WATERS EDGE RD.
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: ZELIG, MICHAEL MD
Address: 34041 US HWY 19 NORTH, SUITE A
City-St-Zip: PALM HARBOR, FL 34684

Title: T (X) Change ( ) Addition
Name: AMIN, SANJIV P DO
Address: 34041 US HWY 19 NORTH, SUITE A
City-St-Zip: PALM HARBOR, FL 34684

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: JAWAHAR TAUNK DP 01/23/2009

Electronic Signature of Signing Officer or Director — Date