

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000066134

FILED  
Oct 12, 2009  
Secretary of State

**Entity Name:** PROFESSIONAL GASTROENTEROLOGY & NUTRITION ASSOCIATES, P.A.

**Current Principal Place of Business:**

8100 CR 44 LEG-A  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

8100 CR 44 LEG-A  
LEESBURG, FL 34788

**New Mailing Address:**

**FEI Number:** 59-3210246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ISMAIL, AKRAM MD,PRES  
8100 CR 44 LEG-A  
LEESBURG, FL 34788 US

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

TRAN, LILY MD,PRES  
8100 CR 44 LEG-A  
LEESBURG, FL 34788 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: LILY TRAN

10/12/2009

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: ISMAIL, AKRAM MD  
Address: 8100 CR 44 LEG-A  
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete  
Name: ISMAIL, ISMAIL A  
Address: 810 CR 44 LEG A  
City-St-Zip: LEESBURG, FL 34788

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: LILY TRAN

PRES

10/12/2009

Electronic Signature of Signing Officer or Director

Date