

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000004803	
1. Entity Name PEDIATRIC GASTROENTEROLOGY OF CENTRAL FLORIDA, P.A.	
Principal Place of Business 615 E PRINCETON STREET SUITE 530 ORLANDO, FL 32803	Mailing Address PO BOX 691597 ORLANDO, FL 32869-1597



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3553074	Applied for Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BHARGAVA, SANGEETA M.D. 9084 GREAT HERON CIRCLE ORLANDO, FL 32836	
DO NOT WRITE IN THIS SPACE	

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000345853
04/30/05-80053-007 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BHARGAVA, SANGEETA M.D. 9084 GREAT HERON CIRCLE ORLANDO, FL 32836
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Bhargava **SANGEETA BHARGAVA** 4/25/05 407-898-1210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #