

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000004803

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

FILED
Jan 13, 2008
Secretary of State

Current Principal Place of Business:

615 E PRINCETON STREET
SUITE 530
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:
PO BOX 691597
ORLANDO, FL 328691597

New Mailing Address:

FEI Number: 59-3553074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BHARGAVA, SANGEETA M.D.
9084 GREAT HERON CIRCLE
ORLANDO, FL 32836 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: DPST () Delete
Name: BHARGAVA, SANGEETA M.D.
Address: 9084 GREAT HERON CIRCLE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M.D. (X) Change () Addition
Name: BHARGAVA, SANGEETA M.D.
Address: 9084 GREAT HERON CIRCLE
City-St-Zip: ORLANDO, FL 32836

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: SANGEETA BHARGAVA

M.D.

01/13/2008

Electronic Signature of Signing Officer or Director

Date