

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084610

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** ADVANCED GASTROENTEROLOGY AFFILIATES, INC.

**Current Principal Place of Business:**

7300 SANDLAKE COMMONS BLVD.  
SUITE 321  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7300 SANDLAKE COMMONS BLVD.  
SUITE 321  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-3597855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOON, NAEEM  
7300 SANDLAKE COMMONS BLVD.  
SUITE 321  
ORLANDO, FL 32819 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:** D ( ) Delete  
**Name:** MOON, NAEEM  
**Address:** 7300 SANDLAKE COMMONS BLVD., SUITE 321  
**City-St-Zip:** ORLANDO, FL 32819

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** MOON NAEEM

D

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date