

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084610

FILED  
Jan 09, 2010  
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:**

7448 DOC'S GROVE CIRCLE  
200  
ORLANDO, FL 32819

**Current Mailing Address:**

7300 SANDLAKE COMMONS BLVD.  
SUITE 321  
ORLANDO, FL 32819

**New Mailing Address:**

9125 SOUTHERN BREEZE DR  
ORLANDO, FL 32836

**FEI Number:** 59-3597855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOON, MOHAMMED N  
7300 SANDLAKE COMMONS BLVD.  
SUITE 321  
ORLANDO, FL 32819 US

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

MOON, MOHAMMED N  
7448 DOC'S GROVE CIRCLE  
200  
ORLANDO, FL 32836 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: NAEEM MOON

01/09/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: THE MNM IRREVOCABLE TRUST  
Address: 9125 SOUTHERN BREEZE DRIVE  
City-St-Zip: ORLANDO, FL 32836

Title: O  
Name: MOON, MOHAMMED N  
Address: 7448 DOCS GROVE CIRCLE SUITE 200  
City-St-Zip: ORLANDO, FL 32836

I hereby 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 all other like empowered.

SIGNATURE: NAEEM MOON

O

01/09/2010

Electronic Signature of Signing Officer or Director

Date