

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01456

FILED
Feb 28, 2007
Secretary of State

Entity Name: GASTROENTEROLOGY ASSOCIATES OF SOUTHWEST FLORIDA, P.A.

Current Principal Place of Business:

63 BARKLEY CIR
STE 103
F. MYERS, FL 33907 US

New Principal Place of Business:

4790 BARKLEY CIRCLE
BUILDING A
F. MYERS, FL 33907 US

Current Mailing Address:

63 BARKLEY CIR
STE 103
FT. MYERS, FL 33907 US

New Mailing Address:

4790 BARKLEY CIRCLE
BUIDLING A
FT. MYERS, FL 33907 US

FEI Number: 65-0302093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEEKAYTAN, SHARMA
4790 BARKLEY CIRCLE
FT MYERS, FL 33907 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: P () Delete
Name: SHARMA, NEEKAYTAN MD
Address: 4790 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: VP () Delete
Name: FEIOCK, BRIAN D MD
Address: 4790 BARKLEY CIRCLE
City-St-Zip: FT MYERS, FL 33907

Title: VP () Delete
Name: LONGENDYKE, BRIAN E DO
Address: 4790 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: VP () Delete
Name: WEISS, MICHAEL H MD
Address: 4790 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: VP () Delete
Name: BAYS, MICHAEL W DO
Address: 4790 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: VP () Delete
Name: CARRERE, JUAN MD
Address: 4790 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: NICK SHARMA, MD

P

02/28/2007

Electronic Signature of Signing Officer or Director

Date