

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F41062

**Entity Name:** GASTROENTEROLOGY AND ONCOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

5767 - 49TH ST., N .  
SUITE A  
ST PETERSBURG, FL 33709-2107

**Current Mailing Address:**

5767 - 49TH ST., N .  
SUITE A  
ST PETERSBURG, FL 33709-2107 US

**FEI Number:** 59-2114530

**Certificate of Status Desired:** No

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

KAMATH, JAYAPRAKASH K  
5767 49TH STREET NORTH  
SUITE A  
ST. PETERSBURG, FL 33709-2107 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name KAMATH, JAYAPRAKASH K  
Address 2422 KENT PLACE S.  
City-State-Zip: CLEARWATER FL 33764-7559

Title SD  
Name KAMATH, GEETHA J  
Address 2422 KENT PLACE S.  
City-State-Zip: CLEARWATER FL 33764-7559

*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:** JAYAPRAKASH K. KAMATH, MD

PD

03/09/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date