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

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

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

DOCUMENT# F41062

### **Current Mailing Address:**

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

#### FEI Number: 59-2114530

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

Electronic Signature of 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:

## Officar/Director Dotail

Т	itle	PD	Title	SD	
Ν	ame	KAMATH, JAYAPRAKASH K	Name	KAMATH, GEETHA J	
A	ddress	2422 KENT PLACE S.	Address	2422 KENT PLACE S.	
С	ity-State-Zip:	CLEARWATER FL 33764-7559	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.

PRESIDENT

### SIGNATURE: JAYAPRAKASH K.KAMATH

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

Date

03/18/2015 Date