

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F52869

Entity Name: GASTROINTESTINAL ASSOCIATES, P.A.

FILED
Feb 28, 2015
Secretary of State
CC6840444222

Current Principal Place of Business:

3635 S CLYDE MORRIS BLVD.
100
PORT ORANGE, FL 32129

Current Mailing Address:

3635 S CLYDE MORRIS BLVD.
100
PORT ORANGE, FL 32129 US

FEI Number: 59-2132442

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STELLA, GREGORY J
3635 S CLYDE MORRIS BLVD.
100
PORT ORANGE, FL 32129 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 STELLA, GREGORY J.
Address 3635 S CLYDE MORRIS BLVD., #100
City-State-Zip: PORT ORANGE FL 32129

Title TSD
Name AGNONE, LOUIS M
Address 3635 S CLYDE MORRIS BLVD., #100
City-State-Zip: PORT ORANGE FL 32129

Title SD
Name MOULIS, HARRY MD
Address 3635 S CLYDE MORRIS BLVD., #100
City-State-Zip: PORT ORANGE FL 32129

Title D
Name DONATO, RICCI
Address 3635 S CLYDE MORRIS BLVD., #100
City-State-Zip: PORT ORANGE FL 32129

Title D
Name PASRICHA, SUNIL
Address 3635 S. CLYDE MORRIS BLVD., #100
City-State-Zip: PORT ORANGE FL 32129

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: GREGORY STELLA

PD

02/28/2015

Electronic Signature of Signing Officer/Director Detail

Date