

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F52869

**Entity Name:** GASTROINTESTINAL ASSOCIATES, P.A.

**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:**

AGNONE, LOUIS M  
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:** LOUIS M AGNONE

03/11/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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:** LOUIS M AGNONE

TSD

03/11/2020

Electronic Signature of Signing Officer/Director Detail

Date