

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F52869

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

**FILED**  
**Mar 11, 2018**  
**Secretary of State**  
**CC5909685791**

**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 1525 OAK FOREST DR.  
City-State-Zip: ORMOND BEACH FL 32174

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 J STELLA**

**PD**

**03/11/2018**

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

\_\_\_\_\_  
Date