

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G03318

Entity Name: GASTROENTEROLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

300 CLYDE MORRIS
STE A
ORMOND BEACH, FL 32174

Current Mailing Address:

507 N. BEACH ST.
ORMOND BEACH, FL 32174 US

FEI Number: 59-2230034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DHAND, ARUN K
290 CLYDE MORRIS BLVD
SUITE C2
ORMOND BEACH, FL 32174 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 P
Name DHAND, DR. ARUN K.
Address 290 CLYDE MORRIS BLVD., STE C2
City-State-Zip: ORMOND BEACH FL 32174

Title VP
Name RINER, DR. MARK A.
Address 300 CLYDE MORRIS BLVD., STE A
City-State-Zip: ORMOND BCH FL 32174

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: ARUN K. DHAND

P

01/06/2015

Electronic Signature of Signing Officer/Director Detail

Date