

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G03318

**Entity Name:** GASTROENTEROLOGY CONSULTANTS, P.A.

**Current Principal Place of Business:**

300 CLYDE MORRIS BLVD  
STE A  
ORMOND BEACH, FL 32174-5956

**Current Mailing Address:**

300 CLYDE MORRIS BLVD  
SUITE A  
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

**OFFICER**

**01/08/2014**

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

\_\_\_\_\_  
Date