

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63900

**FILED
Apr 22, 2015
Secretary of State
CC2117331830**

Entity Name: GASTROENTEROLOGY ASSOCIATES OF CENTRAL FLORIDA,
P.A.

Current Principal Place of Business:

1817 N MILLS AVE.
ORLANDO, FL 32803

Current Mailing Address:

1817 N MILLS AVE.
ORLANDO, FL 32803

FEI Number: 59-2358293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINE, HENRY
1817 N MILLS AVE
ORLANDO, FL 32803 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 LEVINE, HENRY
Address 1817 NORTH MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title D
Name RUDERMAN, WILLIAM B
Address 1817 NORTH MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title SD
Name MAYORAL, WILLIAM
Address 1817 N MILLS AVE
City-State-Zip: ORLANDO FL 32803

Title D
Name ILAGAN, MARLON
Address 1817 N. MILLS AVE
City-State-Zip: ORLANDO FL 32803

Title D
Name GIDAY, SAMUEL A
Address 1817 N. MILLS AVE.
City-State-Zip: ORLANDO FL 32803

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: HENRY LEVINE

PRESIDENT

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date