

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G63900

**Entity Name:** GASTROENTEROLOGY ASSOCIATES OF CENTRAL FLORIDA,  
P.A.**FILED**  
**Mar 19, 2025**  
**Secretary of State**  
**0255377598CC****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 32803Title SD  
Name MAYORAL, WILLIAM  
Address 1817 N MILLS AVE  
City-State-Zip: ORLANDO FL 32803Title D  
Name ILAGAN, MARLON  
Address 1817 N. MILLS AVE  
City-State-Zip: ORLANDO FL 32803Title D  
Name GIDAY, SAMUEL A  
Address 1817 N. MILLS AVE.  
City-State-Zip: ORLANDO FL 32803Title D  
Name KORENBLIT, JASON A.  
Address 1817 N MILLS AVE.  
City-State-Zip: ORLANDO FL 32803Title DIRECTOR  
Name RAFIQ, EHSAN  
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: EHSAN RAFIQ****DIRECTOR****03/19/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date