

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63900

Entity Name: GASTROENTEROLOGY ASSOCIATES OF CENTRAL FLORIDA,
P.A.**FILED**
Apr 24, 2017
Secretary of State
CC0423806480**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 GIDAY, SAMUEL A
Address 1817 N. MILLS AVE.
City-State-Zip: ORLANDO FL 32803Title D
Name RUDERMAN, WILLIAM B
Address 1817 NORTH MILLS AVENUE
City-State-Zip: ORLANDO FL 32803Title D
Name ILAGAN, MARLON
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****04/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date