

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H04741

**FILED**  
**Apr 13, 2017**  
**Secretary of State**  
**CC6131191483**

**Entity Name:** GASTROENTEROLOGY ASSOCIATES OF SARASOTA, P.A.

**Current Principal Place of Business:**

2089 HAWTHORNE STREET  
SUITE 200  
SARASOTA, FL 34239

**Current Mailing Address:**

2089 HAWTHORNE STREET  
SUITE 200  
SARASOTA, FL 34239 US

**FEI Number:** 59-2411093

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KUPERMAN, DOUGLAS SJR  
7131 CURTISS AVE  
SUITE 2  
SARASOTA, FL 34231 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 CORBETT, F. SCOTT  
Address 2089 HAWTHORNE STREET  
City-State-Zip: SARASOTA FL 34239

Title VSDT  
Name KUPERMAN, DOUGLAS A  
Address 2089 HAWTHORNE STREET  
City-State-Zip: SARASOTA FL 34239

*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:** DOUGLAS A KUPERMAN

VSDT

04/13/2017

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

\_\_\_\_\_  
Date