

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K32092

Entity Name: GILES GASTROENTEROLOGY CENTER, P.A.

Current Principal Place of Business:

% O. ANDREW GILES
515 W. SR 434, SUITE 110A
LONGWOOD, FL 32750

Current Mailing Address:

% O. ANDREW GILES
515 W. SR 434, SUITE 110A
LONGWOOD, FL 32750

FEI Number: 59-2905000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILES, O. ANDREW
515 W. SR 434, SUITE 1110A
LONGWOOD, FL 32750 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 GILES, O. ANDREW
Address 515 W. SR 434, SUITE 110-A
City-State-Zip: LONGWOOD FL 32750

Title S
Name COPPOLA, ANTHONY JMD
Address 515 W. SR 434, SUITE 110-A
City-State-Zip: LONGWOOD FL 32750

Title S
Name LIN, ANTHONY CMD
Address 515 W. SR 434, SUITE 110-A
City-State-Zip: LONGWOOD FL 32750

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: O. ANDREW GILES

PRESIDENT

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date