

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000086002

**Entity Name:** GASTROENTEROLOGY CONSULTANTS CFL PA.

**Current Principal Place of Business:**

3000 N. ORANGE AVE SUITE D  
ORLANDO, FL 32804

**Current Mailing Address:**

3000 N. ORANGE AVE SUITE D  
ORLANDO, FL 32804

**FEI Number:** 45-3576485

**Certificate of Status Desired:** No

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

AHMED, NASIM  
3000 N ORANGE AVENUE  
D  
ORLANDO, FL 32804 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 P  
Name AHMED, NASIM  
Address 3000 N ORANGE AVE SUITE D  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name HISAMUDDIN, KOLA  
Address 3000 N ORANGE AVE SUITE D  
City-State-Zip: ORLANDO FL 32804

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:** NASIM AHMED

**PRESIDENT**

**01/08/2013**

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

\_\_\_\_\_  
Date