

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000056710

**Entity Name:** GASTROENTEROLOGY CONSULTANTS OF CENTRAL  
FLORIDA, P.A.

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC4345454767**

**Current Principal Place of Business:**

10800 DYLAN LOREN CIRCLE  
STE 102  
ORLANDO, FL 32825

**Current Mailing Address:**

10800 DYLAN LOREN CIRCLE  
STE 102  
ORLANDO, FL 32825 US

**FEI Number: 59-3385912**

**Certificate of Status Desired: No**

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

LEFKOWITZ, IVAN M  
430 NORTH MILLS AVENUE  
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            P  
Name            MOORE, KEITH  
Address        10800 DYLAN LOREN CIRCLE STE 102  
  
City-State-Zip: ORLANDO FL 32825

Title            VT  
Name            SHAIKH, ANIQ  
Address        10800 DYLAN LOREN CIRCLE STE 102  
  
City-State-Zip: ORLANDO FL 32825

*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: KEITH MOORE**

**PRES**

**04/22/2014**

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

\_\_\_\_\_  
Date