


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000041062

1. Entity Name
GASTROENTEROLOGY ASSOCIATES OF MANATEE,
P.A.



Principal Place of Business Mailing Address

2010 59TH STREET WEST #2000 2010 59TH STREET WEST #2000
BRADENTON, FL 34209 BRADENTON, FL 34209

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0833020	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORMAN, LORI M
2401 MANATEE AVENUE WEST
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODDENBERRY, JOHN D M.D. 2010 59TH STREET WEST #2000 BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, MANUEL E M.D. 2010 59TH STREET WEST #2000 BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONTERO, M.D., CARLOS M 2010 59TH STREET WEST #2000 BRADENTON, FL 34209
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D. Roddenberry MD Date: 2/16/06 Daytime Phone #: 941-794-1980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR