


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90004 032 \*\*\*150.00

**DOCUMENT # 604578**

1. Entity Name  
**GASTROENTEROLOGY & INTERNAL MEDICINE OF SARASOTA, P.A.**



Principal Place of Business  
~~2222 S TAMAMI TRAIL SARASOTA, FL 34239~~

Mailing Address  
~~2222 S TAMAMI TRAIL SARASOTA, FL 34239~~

34000010



2. Principal Place of Business  
**2750 Bahia Vista Ste 250 Sarasota, FL**

3. Mailing Address  
**2750 Bahia Vista Ste 250 Sarasota, FL**

07142004 Chg-P CR2E034 (10/03)

City & State  
**SARASOTA, FL**

City & State  
**SARASOTA, FL**

4. FEI Number  
**59-1477551**

Applied For  
 Not Applicable

Zip **34239** Country **USA**

Zip **34239** Country **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**APRILL, NORMAN M M.D.**  
~~2222 S TAMAMI TRAIL SARASOTA, FL 34239~~

7. Name and Address of New Registered Agent  
 Name **Norman M Aprill, M.D.**  
 Street Address (P.O. Box Number is Not Acceptable) **2750 Bahia Vista Ste 250**  
 City **SARASOTA** FL Zip Code **34239**

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 **Norman M. Aprill** **Norman M. Aprill** **7-21-04**

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

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APRILL, NORMAN M <del>2222 S TAMAMI TRAIL</del> SARASOTA, FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Norman M Aprill 2750 Bahia Vista Ste 250 SARASOTA, FL 34239	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Norman M. Aprill** **7/21/04** **941-366-7282**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #