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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **627143** **(1)**

1. Corporation Name
GASTROENTEROLOGY ASSOCIATES OF PENSACOLA, P.A.

Principal Place of Business	Mailing Address
5147 N. NINTH AVE SUITE 201 PENSACOLA FL 32504 also 1717 N. "E" Street, Suite 308 Pensacola, Fl	5147 N. NINTH AVE SUITE 201 PENSACOLA FL 32504-8773

3. Date Incorporated or Qualified: 06/22/1979
3a. Date of Last Report: 03/20/1996
4. FEI Number: 59-1943602 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

HAINES, NORMAN W, JR, MD
~~5147 N. 9TH AVE SUITE 201~~ 4810 N. Davis Highway
PENSACOLA FL ~~32504~~
32503

10. Name and Address of New Registered Agent

81 Name: Alice L. Cartee
82 Street Address (P.O. Box Number is Not Acceptable): 4810 N. Davis Highway
83: Pensacola, Fl 32503
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Alice L. Cartee 3-13-97
Signature of for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAINES, NORMAN W, JR, MD 5147 N. 9TH AVE SUIT 201 PENSACOLA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director/Vice-President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SMITH, JAMES, MD 5147 N. 9TH AVE SUIT 201 PENSACOLA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-President	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ T ORTH, ROGER, MD 5147 N. 9TH AVE SUIT 201 PENSACOLA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ V FINELLI, SCOTT, MD 5147 N. 9TH AVE SUIT 201 PENSACOLA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director/Vice-President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRY, MICHAEL F 1717 N E ST SUITE 308 PENSACOLA FL 32501	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARTEE, WAYNE D 1717 N E ST SUITE 308 PENSACOLA FL 32501	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Secretary	☒ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice L. Cartee 3-13-97 904 474-8988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0485059

GASTROENTEROLOGY ASSOCIATES
OF PENSACOLA, P.A.

Norman W. Haines, Jr., M.D.
Michael F. Fry, M.D.
James W. Smith, M.D.
Wayne D. Cartee, M.D.
Roger M. Orth, M.D.
D. Scott Finelli, M.D.
Carl G. Speer, M.D.
Andrew F. Ringel, M.D.

5147 North Ninth Avenue, Suite 201 • Pensacola, FL 32503 • (904) 477-2597 • FAX (904) 478-7941

Please add the following officer to the
Gastroenterology Associates of Pensacola, P.A.

Carl G. Speer, M.D. as a Director/Vice-President.

Thank You.

Sincerely,

Alice L. Cartee

Alice L. Cartee, Registered Agent

Sacred Heart Division
5147 North 9th Avenue, Suite 201
Pensacola, Florida 32503
(904) 477-2597

Baptist Division
1717 North "E" Street, Suite 308
Pensacola, Florida 32501
(904) 436-4563