

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **627143** (1)
1. Corporation Name
GASTROENTEROLOGY ASSOCIATES OF PENSACOLA, P.A.



Principal Place of Business 1717 N "E" ST SUITE 308 PENSACOLA FL 32504 US	Mailing Address 5147 N. NINTH AVE SUITE 201 PENSACOLA FL 32504
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/22/1979	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1943602	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 4810 N Davis Hwy
22 City & State	27
23 Zip	28 Pensacola, FL
24 Country	29 32503
25	30 USA

9. Name and Address of Current Registered Agent
CARTEE, ALICE L
4810 N DAVIS HIGHWAY
PENSACOLA FL 32503

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 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. Carter* **ALICE L. CARTEE, Special VP** * **1/29/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE
NAME	HAINES, NORMAN W, JR, MD	1.2 NAME
STREET ADDRESS	5147 N. 9TH AVE SUIT 201	1.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE
NAME	SMITH, JAMES, MD	2.2 NAME
STREET ADDRESS	5147 N. 9TH AVE SUIT 201	2.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	ORTH, ROGER, MD	3.2 NAME
STREET ADDRESS	5147 N. 9TH AVE SUIT 201	3.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE
NAME	FINELLI, SCOTT, MD	4.2 NAME
STREET ADDRESS	5147 N. 9TH AVE SUIT 201	4.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE
NAME	FRY, MICHAEL F	5.2 NAME
STREET ADDRESS	1717 N E ST SUITE 308	5.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE
NAME	CARTEE, WAYNE D	6.2 NAME
STREET ADDRESS	1717 N E ST SUITE 308	6.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP

1.1 TITLE	SRP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alice Carter	
1.3 STREET ADDRESS	4810 N Davis Hwy	
1.4 CITY-ST-ZIP	Pensacola FL 32503	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carl Speer, MD	
2.3 STREET ADDRESS	2400 Tambridge Circle	
2.4 CITY-ST-ZIP	Pensacola, FL 32503	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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* **ALICE L. CARTEE** * **1/29/98** **x850-474-8988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 050651

CR2E034 (10/97)