

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 627143**

1. Entity Name

**GASTROENTEROLOGY ASSOCIATES OF PENSACOLA, P.A.****FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90460 017 \*\*\*150.00

0032151

Principal Place of Business

1717 N "E" ST  
SUITE 308  
PENSACOLA FL 32504  
US

Mailing Address

4810 N DAVIS HWY  
PENSACOLA FL 32503  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CARTEE, ALICE L  
4810 N DAVIS HIGHWAY  
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DVP  
NAME HAINES, NORMAN W, JR, MD  
STREET ADDRESS 5147 N. 9TH AVE SUIT 201  
CITY-ST-ZIP PENSACOLA FL ☐ DeleteTITLE D  
NAME SPEER, CARL  
STREET ADDRESS 1717 N E STREET STE 308  
CITY-ST-ZIP PENSACOLA FL ☐ DeleteTITLE DVP  
NAME FINELLI, SCOTT, MD  
STREET ADDRESS 5147 N. 9TH AVE SUIT 201  
CITY-ST-ZIP PENSACOLA FL ☐ DeleteTITLE P  
NAME FRY, MICHAEL F  
STREET ADDRESS 1717 N E ST SUITE 308  
CITY-ST-ZIP PENSACOLA FL ☐ DeleteTITLE S  
NAME CARTEE, WAYNE D  
STREET ADDRESS 1717 N E ST SUITE 308  
CITY-ST-ZIP PENSACOLA FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE Secretary ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE Director ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE Vice president ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

Date

(850) 474-8988

Daytime Phone #

CR2E034 (10/00)

Attachment  
A0031134

Please make these additional changes to document #627143

Title: **President**

Name: Smith, James MD

Add: 5147 N 9<sup>th</sup> Avenue Suite 201  
Pensacola, FL

Title: **Treasurer**

Name: Orth, Roger MD

Add: 5147 N 9<sup>th</sup> Avenue Suite 201  
Pensacola, FL

Title: **Special VP**

Name: Alice Cartee

Add: 4810 N Davis Hwy  
Pensacola, FL

If you have any questions please call (850) 474-8988, and ask for Bookkeeping.