

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90013 023 ***150.00

DOCUMENT # 627143

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



Principal Place of Business

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

Mailing Address

4810 N DAVIS HWY
PENSACOLA, FL 32503 US

44014028



02142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1943602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARTEE, ALICE L,
4810 N DAVIS HIGHWAY
PENSACOLA, FL 32503

**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

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

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HAINES, NORMAN W, JR, MD
STREET ADDRESS 5147 N. 9TH AVE SUIT 201
CITY-ST-ZIP PENSACOLA, FL

TITLE D
NAME SPEER, CARL
STREET ADDRESS 1717 N E STREET STE 308
CITY-ST-ZIP PENSACOLA, FL

TITLE D
NAME FINELLI, SCOTT, MD
STREET ADDRESS 5147 N. 9TH AVE SUIT 201
CITY-ST-ZIP PENSACOLA, FL

TITLE D
NAME FRY, MICHAEL F
STREET ADDRESS 1717 N E ST SUITE 308
CITY-ST-ZIP PENSACOLA, FL

TITLE D
NAME CARTEE, WAYNE D
STREET ADDRESS 1717 N E ST SUITE 308
CITY-ST-ZIP PENSACOLA, FL

TITLE D
NAME SMITH, JAMES W.MD
STREET ADDRESS 5147 N 9TH AVE STE 201
CITY-ST-ZIP PENSACOLA, FL

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/04 850-474-8988

Attachment
#627143
44014028

Attachment to 2003 Uniform Business Report
Document #627143
Gastroenterology Associates of Pensacola, PA
FEI Number 59-1943602

Number 11.

Addition:

D

Orth, Roger, MD
5147 N. 9th Avenue, Suite 201
Pensacola, FL

Addition:

D

Soued, Mounzer, MD
1717 N. "E" Street, Suite 308
Pensacola, FL

Addition:

D

Hakim, Fares, MD
5147 N. 9th Avenue, Suite 201
Pensacola, FL

Addition:

D

Adkisson, Wayne, MD
5147 N. 9th Avenue, Suite 201
Pensacola, FL