2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #627143 1. Entity Name

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4810 N DAVIS HWY

PENSACOLA, FL 32503

GASTROENTEROLOGY ASSOCIATES OF PENSACOLA,

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

PENSACOLA, FL 32504

Suite, Apt. #, etc.

CARTEE, ALICE L

4810 N DAVIS HIGHWAY PENSACOLA, FL 32503

City & State

Zip

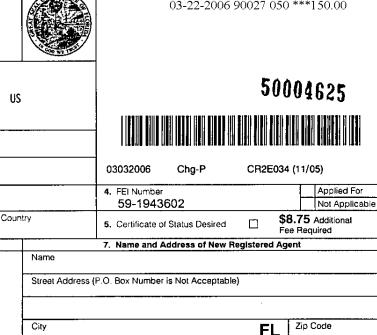
2. Principal Place of Business

1717 N "E" ST

SUITE 308



03-22-2006 90027 050 ***150.00



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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ٠, ☐ Addition TITLE ☐ Delete TITLE SCUED, MOUNZER 4810 N' DAVIS HWY NAME HARNZER, SOUED NAME STREET ADDRESS 4810 N DAVIS HWY STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 PENSACOLA, FL 32503 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME FARES, HAKIM S NAME STREET ADDRESS STREET ADDRESS **4810 N DAVIS** CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32503 Delete - Addition TITLE THILE FIWELLI, SCOTT FINELLI, SCOTT, MD NAME NAME 4810 N'DAVIG HWY 5147 N. 9TH AVE SUIT 201 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL PENSACOLA, FL, 32503 Addition ☐ Delete TITLE TITLE SPEER, CARL NAME 4810 N. DAVIS HUY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32503 ☐ Change Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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