


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90142 034 ***150.00

DOCUMENT # 627143

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



Principal Place of Business Mailing Address

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

4810 N DAVIS HWY
 PENSACOLA, FL 32503 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-1943602

Applied For
 Not Applicable

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

03072007 Chg-P CR2E034 (12/06)



-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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alice L Carter* DATE *3/14/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUED, MANNZER		NAME	SOUED, MOUNZER	
STREET ADDRESS	4810 N DAVIS HWY		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	VP S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARES, HAKIM S		NAME		
STREET ADDRESS	4810 N DAVIS		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINELLI, SCOTT, MD		NAME	4810 N DAVIS HWY	
STREET ADDRESS	4810 N DAVIE HWY		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEER, CARL		NAME	4810 N DAVIS HWY	
STREET ADDRESS	4810 N DAVIE HWY		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MICHAEL Fry	
STREET ADDRESS			STREET ADDRESS	4810 N DAVIS HWY	
CITY-ST-ZIP			CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Alice L Carter* DATE *3/14/07* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR