

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90096 036 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 32501	Country	Zip	Country	4. FEI Number 59-1943602	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOUED, MOUNZER 4810 N DAVIS HWY PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Hoines, Norman 4810 N. Davis Hwy Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARES, HAKIM S 4810 N DAVIS PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Smith, James W. 4810 N. Davis Hwy Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINELLI, SCOTT, MD 4810 N. DAVIS HWY PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Roger Orth, MD 4810 N. Davis Hwy Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEER, CARL 4810 N. DAVIS HWY PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M K. Wayne Addison 4810 N. Davis Hwy Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRY, MICHAEL 4810 N. DAVIS HWY PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Wayne Carter 4810 N. Davis Hwy Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Patrick Reilly 4810 N. Davis Hwy Pensacola, FL 32503
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: <u>Alice L Carter</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					