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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 681239

Entity Name
GASTROENTEROLOGY ASSOCIATES, P.A.

54061343

Principal Place of Business	Mailing Address
2500 EAST COMMERCIAL BLVD #C FT. LAUDERDALE, FL 33308	2500 EAST COMMERCIAL BLVD #C FT. LAUDERDALE, FL 33308

07022004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2003436
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, JOHN R M.D.
2500 E. COMMERCIAL BLVD.
#C
FT. LAUDERDALE, FL 33308

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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 _____ DATE
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	WATSON, JOHN R M.D.
STREET ADDRESS	2500 E COMMERCIAL BLVD C
TITLE	D
NAME	WATSON, JOHN R M.D.
STREET ADDRESS	2500 E COMMERCIAL BLVD C
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VSD
NAME	BLOOM, JOHN R MD
STREET ADDRESS	2500 E COMMERCIAL BLVD C
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X