


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 681239		
1. Entity Name GASTROENTEROLOGY ASSOCIATES, P.A.		
Principal Place of Business 2500 EAST COMMERCIAL BLVD #C FT. LAUDERDALE, FL 33308		Mailing Address 2500 EAST COMMERCIAL BLVD #C FT. LAUDERDALE, FL 33308
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WATSON, JOHN R M.D. 2500 E. COMMERCIAL BLVD. #C FT. LAUDERDALE, FL 33308		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		U00000609545 02/01/07-80054-014 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT WATSON, JOHN R M.D. 2500 E COMMERCIAL BLVD C FT. LAUDERDALE, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, JOHN R M.D. 2500 E COMMERCIAL BLVD C FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BLOOM, JOHN R MD 2500 E COMMERCIAL BLVD C FT LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 persons empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/23/07 Daytime Phone # (954) 771-9920