


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

| | |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 681239 1. Entity Name GASTROENTEROLOGY ASSOCIATES, P.A. |  |
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| | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 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



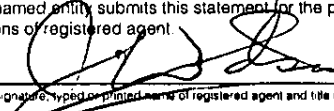
01112008 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 59-2003436 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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**

**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  (NOTE: Registered Agent signature required when reinstating)

DATE **1/21/08**

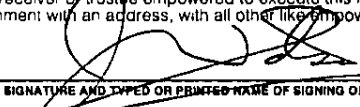
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|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 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 | U000000798727 01/30/08-80040-025 150.00 |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/21/08** DAYTIME PHONE # **(954) 771-9820**