

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681239

FILED
Mar 03, 2009
Secretary of State

Entity Name: GASTROENTEROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

2500 EAST COMMERCIAL BLVD #C
FT. LAUDERDALE, FL 33308

Current Mailing Address:

2500 EAST COMMERCIAL BLVD #C
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

5301 N. DIXIE HWY
SUITE 202
FT. LAUDERDALE, FL 33334

New Mailing Address:

5301 N. DIXIE HWY
SUITE 202
FT. LAUDERDALE, FL 33334

FEI Number: 59-2003436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WATSON, JOHN, R M.D.
5301 N. DIXIE HWY
SUITE 202
FT. LAUDERDALE, FL 33334 US

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.

SIGNATURE: JOHN R WATSON M.D.

03/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WATSON, JOHN R M.D.,
Address: 2500 E COMMERCIAL BLVD C
City-St-Zip: FT. LAUDERDALE, FL

Title: D () Delete
Name: WATSON, JOHN R M.D.,
Address: 2500 E COMMERCIAL BLVD C
City-St-Zip: FT. LAUDERDALE, FL

Title: VSD () Delete
Name: BLOOM, JOHN R MD,
Address: 2500 E COMMERCIAL BLVD C
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: WATSON, JOHN R M.D.,
Address: 5301 N. DIXIE HWY. SUITE 202
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: D (X) Change () Addition
Name: WATSON, JOHN R M.D.,
Address: 5301 N. DIXIE HWY SUITE 202
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: VSD (X) Change () Addition
Name: BLOOM, JOHN R MD,
Address: 5301 N. DIXIE HWY. SUITE 202
City-St-Zip: FT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R WATSON M.D.

D

03/03/2009

Electronic Signature of Signing Officer or Director

Date