

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

1995

5-1-95 13-5497-0

APPROVED
AND
FILED

95 MAY -1 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F52869** (7)

1. Corporation Name

GASTROINTESTINAL ASSOCIATES, P.A.

Principal Place of Business

~~1630 MASON AVE #A~~ **201 N CLYDE MORRIS BV**
~~DAYTONA BEACH FL 32117~~ **SUITE 100**
32114

Mailing Address

~~1630 MASON AVE #A~~ **SAME**
~~DAYTONA BEACH FL 32117~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/02/1981** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2192442** Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GOLDBERG, PAUL B.
~~1630 MASON AVENUE, SUITE A~~ **201 N CLYDE MORRIS BV**
~~DAYTONA BEACH FL 32017~~ **SUITE 100**
32114

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**
NAME: **GOLDBERG, PAUL B., M.D.**
STREET ADDRESS: ~~1630 MASON AVE, STE #A~~ **201 N CLYDE MORRIS BV**
CITY-ST-ZIP: **DAYTONA BEACH FL**

1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: **TSO**
NAME: **STELLA, GREGORY J.**
STREET ADDRESS: ~~1630 MASON AVE, STE #A~~ **201 N CLYDE MORRIS BV**
CITY-ST-ZIP: **DAYTONA BEACH FL**

2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: **SD**
NAME: **AGNONE, LOUIS M**
STREET ADDRESS: ~~1630 MASON AVE~~ **201 N CLYDE MORRIS BV**
CITY-ST-ZIP: **DAYTONA BEACH FL**

3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: **D**
NAME: **MOULIS, HARRY MD**
STREET ADDRESS: **201 N CLYDE MORRIS BV**

4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE: Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-28-95 904-257-9400