

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F52869 (7)**

1. Corporation Name: **GASTROINTESTINAL ASSOCIATES, P.A.**



Principal Place of Business: **201 N. CLYDE MORRIS WV SUITE 100 DAYTONA BEACH FL 32114 US**
Mailing Address: **201 N CLYDE MORRIS BV DAYTONA BEACH FL 32114 US**

3. Date Incorporated or Qualified: **11/02/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2132442**
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: **201 N. CLYDE MORRIS BV**
2a. Mailing Address: **201 N CLYDE MORRIS BV**
21. Suite, Apt. #, etc.: **STE 100**
22. City & State: **DAYTONA BEACH FL**
23. Zip: **32114**
24. Country: **US**

9. Name and Address of Current Registered Agent: **GOLDBERG, PAUL B. 201 N. CLYDE MORRIS BV STE 100 DAYTONA BEACH FL 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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, PAUL B., M.D.	
STREET ADDRESS	201 N. CLYDE MORRIS BV	
CITY, ST, ZIP	DAYTONA BEACH FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	STELLA, GREGORY J.	
STREET ADDRESS	201 N. CLYDE MORRIS BV	
CITY, ST, ZIP	DAYTONA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AGNONE, LOUIS M	
STREET ADDRESS	201 N. CLYDE MORRIS BV.	
CITY, ST, ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOULIS, HARRY MD	
STREET ADDRESS	201 N. CLYDE MORRIS BV	
CITY, ST, ZIP	DAYTONA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 this 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: _____
Date: **1-25-96** Daytime Phone #: **2579400**

CR2E034 (12/95)