

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F52869** (7)

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



Principal Place of Business 201 N. CLYDE MORRIS BLVD SUITE 100 DAYTONA BEACH FL 32114 US	Mailing Address 201 N. CLYDE MORRIS BV DAYTONA BEACH FL 32114-2734 US
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3. Date Incorporated or Qualified 11/02/1981	3a. Date of Last Report 01/30/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2132442	Applied For <input type="checkbox"/> Not Applicable
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip Country	29. Zip Country		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, PAUL B., M.D.	1.2 NAME	
STREET ADDRESS	201 N. CLYDE MORRIS BV	1.3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH FL	1.4 CITY- ST- ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELLA, GREGORY J.	2.2 NAME	
STREET ADDRESS	201 N. CLYDE MORRIS BV	2.3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH FL	2.4 CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNONE, LOUIS M	3.2 NAME	
STREET ADDRESS	201 N. CLYDE MORRIS BV.	3.3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH FL	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOULIS, HARRY MD	4.2 NAME	
STREET ADDRESS	201 N. CLYDE MORRIS BV	4.3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BCH FL	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)