

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90063 036 ***150.00

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DOCUMENT # F52869

1. Entity 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 SUITE 100 DAYTONA BEACH FL 32114 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2132442	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GOLDBERG, PAUL B.
 201 N. CLYDE MORRIS BV
 STE 100
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent
 Name **Gregory J. Stella**
 Street Address (P.O. Box Number is Not Acceptable) **201 N. Clyde Morris Blvd.**
Suite 100
 City **Daytona Beach** FL Zip Code **32114**

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.
 SIGNATURE *[Signature]* DATE **3/28/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TSD	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **3/25/02** DAYTIME PHONE # **(386) 257-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)