


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90259 030 ***150.00

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

64000100



2. Principal Place of Business
3635 S. Clyde Morris Blvd
 Suite, Apt. #, etc.
100

3. Mailing Address
3635 S. Clyde Morris Blvd.
 Suite, Apt. #, etc.
100

03222004 Chg-P CR2E034 (10/03)

City & State
Port Orange FL

City & State
Port Orange FL

4. FEI Number
59-2132442

Applied For
 Applied For
 Not Applicable

Zip
32129 Country
U.S.

Zip
32129 Country
U.S.

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

6. Name and Address of Current Registered Agent
STELLA, GREGORY J
201 N. CLYDE MORRIS BV
STE 100
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3635 S. Clyde Morris Blvd. #100
 City **Port Orange FL** Zip Code **32129**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4/21/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STELLA, GREGORY J. 201 N. CLYDE MORRIS BV DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3635 S. Clyde Morris Blvd. #100 Port Orange, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD AGNONE, LOUIS M 201 N. CLYDE MORRIS BV. DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3635 S. Clyde Morris Blvd., #100 Port Orange, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOULIS, HARRY MD 201 N. CLYDE MORRIS BV DAYTONA BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3635 S. Clyde Morris Blvd., #100 Port Orange, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONATO, RICCI 201 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3635 S. Clyde Morris Blvd., #100 Port Orange, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:  DATE: **4/21/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #