

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F52869

FILED
Mar 27, 2003
Secretary of State

Entity Name: GASTROINTESTINAL ASSOCIATES, P.A.

Current Principal Place of Business:

201 N. CLYDE MORRIS BLVD
SUITE 100
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

201 N. CLYDE MORRIS BV
SUITE 100
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2132442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STELLA, GREGORY J
201 N. CLYDE MORRIS BV
STE 100
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STELLA, GREGORY J.,
Address: 201 N. CLYDE MORRIS BV
City-St-Zip: DAYTONA BEACH, FL

Title: TSD () Delete
Name: AGNONE, LOUIS M
Address: 201 N. CLYDE MORRIS BV.
City-St-Zip: DAYTONA BEACH, FL

Title: SD () Delete
Name: MOULIS, HARRY MD
Address: 201 N. CLYDE MORRIS BV
City-St-Zip: DAYTONA BCH, FL

Title: D () Delete
Name: DONATO, RICCI
Address: 201 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY J. STELLA

PD

03/27/2003

Electronic Signature of Signing Officer or Director

_____ Date