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 # **G35310** **(3)**

1. Corporation Name

GASTROENTEROLOGY ASSOCIATES OF ST. AUGUSTINE, P. A.

Principal Place of Business	Mailing Address
212 SOUTH PARK CIRCLE. EAST ~~P.O. BOX 2208~~ ST. AUGUSTINE FL 32086 US	212 SOUTHPARK CIRCLE. EAST ~~P.O. BOX 2208~~ ST. AUGUSTINE FL 32086 US

2. Principal Place of Business	2a. Mailing Address
21 212 Southpark Circle East	26 212 Southpark Circle East
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St Augustine FL	City & State 28 St Augustine, FL
Zip 24 32086 Country 25 US	Zip 29 32086 Country 30 US

3. Date Incorporated or Qualified: **04/21/1983**

3a. Date of Last Report: **04/03/1995**

4. FEI Number: **59-2282957** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

SCHIFF, MICHAEL D., M.D.
212 S. PARK CIRCLE EAST
ST. AUGUSTINE FL 32086

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 607.0505 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SCHIFF, MICHAEL	
STREET ADDRESS	212 SOUTH PARK CIR. EAST	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	S	☒ DELETE
NAME	SCHIFF, SHELLY	
STREET ADDRESS	212 SOUTHPARK CIR E	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	☐ DELETE
NAME	ROSADO, SANTIAGO A	
STREET ADDRESS	212 SOUTH PARK CIR. EAST	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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)(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: _____ 3/21/96 9048246108

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

Richard D. Schiff

CR2E034 (12/95)