

FILED

Apr 21, 2002 8:00 am  
Secretary of State

03-13-2002 90037 011 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G35310

1. Entity Name

GASTROENTEROLOGY ASSOCIATES OF ST. AUGUSTINE, P.

A.

Principal Place of Business  
212 SOUTH PARK CIRCLE EAST  
P.O. BOX 2208  
ST AUGUSTINE FL 32086  
USMailing Address  
216 SOUTH PARK CIRCLE EAST  
ST. AUGUSTINE FL 320862. Principal Place of Business  
216 Southpark Cir. E.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-2282957

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name  
Santiago A. Rosado, M.D.

Street Address (P.O. Box Number is Not Acceptable)

216 Southpark Cir. E.

City

St. Augustine

FL

Zip Code  
32086

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, 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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
	D	SCHIFF, MICHAEL	212 SOUTH PARK CIR. EAST ST. AUGUSTINE FL	
	PD	ROSADO, SANTIAGO A	212 SOUTH PARK CIR. EAST ST. AUGUSTINE FL 32086	<input type="checkbox"/> Delete
	D	VILLANUEVA, STEVEN Y	212 SOUTH PARK CIR E SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete
	D	CAVACINI, TIMOTHY J	212 SOUTH PARK CIR E SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		216 Southpark Cir. E.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		216 Southpark Cir. E.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		216 Southpark Cir. E.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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.

Santiago A. Rosado, M.D.

(904) 824-6108

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (9/01)