

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90002 020 ***150.00

DOCUMENT # G35310
 1. Entity Name
GASTROENTEROLOGY ASSOCIATES OF ST. AUGUSTINE, P.A.



Principal Place of Business Mailing Address
216 SOUTHPARK CIR. EAST P.O. BOX 2208 ST AUGUSTINE, FL 32086 US **216 SOUTHPARK CIRCLE EAST ST. AUGUSTINE, FL 32086**

54014231



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

02182004 Chg-P CR2E034 (10/03)

4. FEI Number **59-2282957**
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSADO, SANTIAGO A M.D.
216 SOUTHPARK CIR. EAST
ST. AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Santiago A. Rosado* DATE **2/25/04**
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 ROSADO, SANTIAGO A 216 SOUTHPARK CIR. EAST ST. AUGUSTINE, FL 32086 <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	D VILLANUEVA, STEVEN Y 216 SOUTHPARK CIR. EAST SAINT AUGUSTINE, FL 32086 <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	D CAVACINI, TIMOTHY J 216 SOUTHPARK CIR. EAST SAINT AUGUSTINE, FL 32086 <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	D Soroka, Stuart A. 216 Southpark Cir. E. St. Augustine, FL 32086 <input type="checkbox"/> Change <input checked="" 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
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 an address, with all other like empowered.
SIGNATURE: X *Santiago A. Rosado* **Santiago A. Rosado, M.D. (904)**
 Date **2/25/04** Daytime Phone # **824-6108**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR