


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

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



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

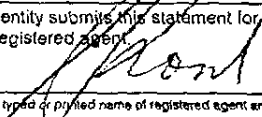
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02162006      No Chg-P      CR2E034 (11/05)  
 4. FEI Number      Applied For  
**59-2282957**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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

**DO NOT WRITE IN THIS SPACE**

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: **3/6/06**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

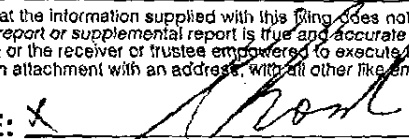
9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ROSADO, SANTIAGO A<br>216 SOUTHPARK CIR. EAST<br>ST. AUGUSTINE, FL 32086    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VILLANUEVA, STEVEN Y<br>216 SOUTHPARK CIR. EAST<br>SAINT AUGUSTINE, FL 32086 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAVACINI, TIMOTHY J<br>216 SOUTHPARK CIR. EAST<br>SAINT AUGUSTINE, FL 32086  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SOROKA, STUART A<br>216 SOUTHPARK CIRCLE E.<br>SAINT AUGUSTINE, FL 32086     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 73/18/06-80143-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE:       Santiago A. Rosado      (904) 824-6108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #