
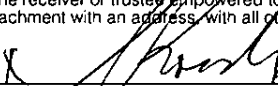


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # G35310		
1. Entity Name GASTROENTEROLOGY ASSOCIATES OF ST. AUGUSTINE, P.A.		
Principal Place of Business 216 SOUTHPARK CIR. EAST P.O. BOX 2208 ST AUGUSTINE, FL 32086 US	Mailing Address 216 SOUTHPARK CIRCLE EAST ST. AUGUSTINE, FL 32086	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000669354 03/27/07-80093-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSADO, SANTIAGO A 216 SOUTHPARK CIR. EAST ST. AUGUSTINE, FL 32086	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLANUEVA, STEVEN Y 216 SOUTHPARK CIR. EAST SAINT AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVACINI, TIMOTHY J 216 SOUTHPARK CIR. EAST SAINT AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOROKA, STUART A 216 SOUTHPARK CIRCLE E. SAINT AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Santiago A. Rosado, M.D. (904)824-6108 X 3/16/07 <small>Date Daytime Phone #</small>