

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90026 049 ***150.00

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



01112008 No Chg-P CR2E034 (11/05)

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**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSADO, SANTIAGO A
STREET ADDRESS 216 SOUTHPARK CIR. EAST
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE D
NAME VILLANUEVA, STEVEN Y
STREET ADDRESS 216 SOUTHPARK CIR. EAST
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE D
NAME CAVACINI, TIMOTHY J
STREET ADDRESS 216 SOUTHPARK CIR. EAST
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE D
NAME SOROKA, STUART A
STREET ADDRESS 216 SOUTHPARK CIRCLE E.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08

Date

904-824-6108

Daytime Phone #