

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G35310

FILED
Mar 31, 2011
Secretary of State

Entity Name: GASTROENTEROLOGY ASSOCIATES OF ST. AUGUSTINE, P.A.

Current Principal Place of Business:

216 SOUTHPARK CIR. EAST
ST AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

216 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-2282957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSADO, SANTIAGO A M.D.
216 SOUTHPARK CIR. EAST
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ROSADO, SANTIAGO A
Address: 216 SOUTHPARK CIR. EAST
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D
Name: VILLANUEVA, STEVEN Y
Address: 216 SOUTHPARK CIR. EAST
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: CAVACINI, TIMOTHY J
Address: 216 SOUTHPARK CIR. EAST
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: SOROKA, STUART A
Address: 216 SOUTHPARK CIRCLE E.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: GASSERT, DANIEL J
Address: 216 SOUTHPARK CIRCLE EAST
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: BARLOW, WILLIAM J
Address: 216 SOUTHPARK CIRCLE EAST
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANTIAGO A ROSADO

PD

03/31/2011

Electronic Signature of Signing Officer or Director

Date