


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G63900</b> 1. Entity Name <b>GASTROENTEROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.</b>	
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Principal Place of Business <b>1817 N MILLS RD ORLANDO, FL 32804</b>	Mailing Address <b>1817 N MILLS RD ORLANDO, FL 32804</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01272004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2358293</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

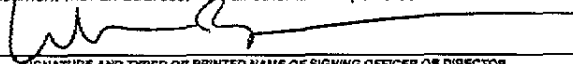
6. Name and Address of Current Registered Agent  <b>LEVINE, HENRY, M.D. 2501 N. ORANGE AVE., SUITE 200 ORLANDO, FL 32804</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000100265 03/31/04-80039-017 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, HENRY, M.D. 1817 NORTH MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STYNE, PHILIP N., M.D. 1817 NORTH MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDERMAN, WILLIAMS N M.D. 1817 NORTH MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINER, STEVEN D M.D. 1817 NORTH MILLS AVENUE ORLANDO, FL 32803
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 exemption stated in Section 119.07(3)(f), 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.		
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>3/25/04</b> Date	Daytime Phone #