
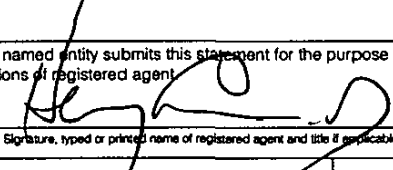
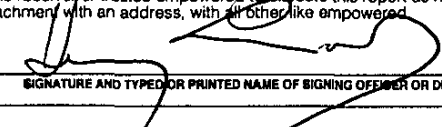


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90382 038 ***150.00

DOCUMENT # G63900			
1. Entity Name GASTROENTEROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.			
Principal Place of Business 1817 N MILLS RD ORLANDO, FL 32804		Mailing Address 1817 N MILLS RD ORLANDO, FL 32804	
2. Principal Place of Business 1817 North Mills Avenue Suite, Apt. #, etc.		3. Mailing Address 1817 North Mills Avenue Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32803	Country	Zip 32803	Country
6. Name and Address of Current Registered Agent LEVINE, HENRY, M.D. 2501 N. ORANGE AVE., SUITE 200 ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1817 North Mills Avenue City Orlando FL Zip Code 32803	
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: 4/26/05	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, HENRY, M.D. 1817 NORTH MILLS AVENUE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STYNE, PHILIP N., M.D. 1817 NORTH MILLS AVENUE ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDERMAN, WILLIAMS N M.D. 1817 NORTH MILLS AVENUE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINER, STEVEN D M.D. 1817 NORTH MILLS AVENUE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	SD Mayoral, William, M.D. 1817 North Mills Avenue Orlando, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE: 4/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

14012163



04192005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2358293 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required