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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H04741

1. Corporation Name
GASTROENTEROLOGY ASSOCIATES OF SARASOTA, P.A.

Principal Place of Business 1921 WALDEMERE ST. SUITE 512 SARASOTA FL 34239 US	Mailing Address 1921 WALDEMERE ST SUITE 512 SARASOTA FL 34239 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified 05/18/1984	
4. FEI Number 59-2411093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G.
1550 RINGLING BLVD
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LIVSTONE, ELLIOT M.	1.1 TITLE	PD Corbett, F. Scott
NAME	1921 WALDEMERE ST SUITE 512	1.2 NAME	1921 Waldemere St, Suite 512
STREET ADDRESS	SARASOTA FL	1.3 STREET ADDRESS	Sarasota, FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD CORBETT, F. SCOTT	2.1 TITLE	VS, TD Kuperman, Douglas
NAME	1921 WALDEMERE ST SUITE 512	2.2 NAME	1921 Waldemere St, Suite 512
STREET ADDRESS	SARASOTA FL	2.3 STREET ADDRESS	SARASOTA, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VS KUPERMAN, DOUGLAS A	3.1 TITLE	
NAME	1921 WALDEMERE ST. SUITE 512	3.2 NAME	
STREET ADDRESS	SARASOTA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change Title, only Addition

Change Title, only Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: 1/26/99 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)