


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90006 035 ***150.00

DOCUMENT # H04741

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



Principal Place of Business 2089 HAWTHORNE STREET SUITE 200 SARASOTA, FL 34239 US	Mailing Address 2089 HAWTHORNE STREET SUITE 200 SARASOTA, FL 34239 US
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54015166



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2411093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAVARY, JOHNSON S JR
 22 SOUTH LINKS AVENUE, SUITE 300
 SARASOTA, FL 34236**

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 _____ DATE _____
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORBETT, F. SCOTT 2089 HAWTHORNE STREET SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSDT KUPERMAN, DOUGLAS A 2089 HAWTHORNE STREET SARASOTA, FL 34239
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* **MD** ✓ *2/25/04* ✓ *941 3656583*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #