


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90407 038 \*\*\*150.00

**DOCUMENT # H04741**

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



|   |   |
|---|---|
| Principal Place of Business<br><b>2089 HAWTHORNE STREET<br/>         SUITE 200<br/>         SARASOTA, FL 34239 US</b> | Mailing Address<br><b>2089 HAWTHORNE STREET<br/>         SUITE 200<br/>         SARASOTA, FL 34239 US</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**

40058801



03102006 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-2411093</b>                        | Applied For<br>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

**SAVARY, JOHNSON S JR  
 1990 MAIN STREET  
 SUITE 700  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CORBETT, F. SCOTT<br>2089 HAWTHORNE STREET<br>SARASOTA, FL 34239               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSDT<br>KUPERMAN, DOUGLAS A<br>2089 HAWTHORNE STREET<br>SARASOTA, FL 34239           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>SOUTHERLAND, JOHN C<br>2089 HAWTHORNE STREET, SUITE 200<br>SARASOTA, FL 34239 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>KALVARIA, ISAAC<br>2089 HAWTHORNE STREET, SUITE 200<br>SARASOTA, FL 34239     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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: *Scott Corbett* AND *John C. Southerland* Date 3/14/06 (941) 345-6552

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

ATTACHMENT

40058887

#H04741  
LAW OFFICES OF

DUNLAP & MORAN, P.A.

SUITE 700  
1990 MAIN STREET  
SARASOTA, FLORIDA 34236  
POST OFFICE BOX 3948  
SARASOTA, FLORIDA 34230-3948  
TELEPHONE 941-366-0115  
FACSIMILE 941-365-4660

April 20, 2006

JUDSON H. BAILEY  
JOHN E. BROWN\* ^  
SCOTT H. CARTER\*\*  
SCOTT W. DUNLAP\*  
RYAN A. FEATHERSTONE  
RALPH L. FRIEDLAND<sup>1</sup>  
GARY KAUFFMAN<sup>11</sup>  
THOMAS B. LUZIER  
RUTH E. McMAHON<sup>†</sup>  
DAVID M. MITCHELL<sup>§</sup>  
JOHN A. MORAN  
REBECCA J. PROCTOR  
BURTON M. ROMANOFF<sup>#</sup>  
JOHNSON S. SAVARY, JR.<sup>††</sup>

\* FLORIDA BAR BOARD CERTIFIED-  
REAL ESTATE  
^ ALSO LICENSED IN KENTUCKY  
\*\* ALSO LICENSED IN TEXAS  
<sup>1</sup> OF COUNSEL  
ALSO LICENSED IN CONNECTICUT  
<sup>11</sup> ALSO LICENSED IN NEW YORK  
<sup>†</sup> FLORIDA BAR BOARD CERTIFIED-  
WILLS, TRUSTS & ESTATES  
ALSO LICENSED IN  
COLORADO AND MICHIGAN  
<sup>§</sup> OF COUNSEL  
<sup>#</sup> ALSO LICENSED IN PENNSYLVANIA  
<sup>††</sup> ALSO LICENSED IN MICHIGAN

5055-2

Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: **Gastroenterology Associates of Sarasota, P.A.**  
**Annual Report / Document No. H04741**

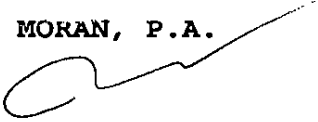
Dear Sir/Madam:

**Enclosed** herewith is the 2006 Annual Report, in connection with the above-referenced corporation. Also, **enclosed** please find a check in the amount of \$150.00, made payable to the Florida Department of State, representing payment of your filing fee.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.

  
\_\_\_\_\_  
Johnson S. Savary, Jr. Esq.

JSS:lmt/5055-2/Ltr-Div of Corp-AR 042006  
Enclosures

cc: Robert W. Forsyth (w/ encls.)

E:/Business Tax Forms/Corporations/Formation Docs/Annual Minutes/Ltr-Div of Corp-Ar.