


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90007 018 ***150.00

DOCUMENT # H04741

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



Principal Place of Business Mailing Address

2089 HAWTHORNE STREET **2822 PROCTOR RD STE A**
SUITE 200 **SARASOTA, FL 34231**
SARASOTA, FL 34239 US

40030300

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02062007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-2411093 Not Applicable

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

6. Name and Address of Current Registered Agent

KUPERMAN, DOUGLAS S JR
2822 PROCTOR RD STE A
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CORBETT, F. SCOTT	
STREET ADDRESS	2089 HAWTHORNE STREET	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	VS DT	<input type="checkbox"/> Delete
NAME	KUPERMAN, DOUGLAS A	
STREET ADDRESS	2089 HAWTHORNE STREET	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SOUTHERLAND, JOHN C	
STREET ADDRESS	2089 HAWTHORNE STREET, SUITE 200	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KALVARIA, ISAAC	
STREET ADDRESS	2089 HAWTHORNE STREET, SUITE 200	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Douglas S. Kuperman* 3/7/07 941 365 6526

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