## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

H04741

1. Entity Name

GASTROENTEROLOGY ASSOCIATES OF SARASOTA, P.A.



**FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90232 001 \*\*\*150.00

Mailing Address 2009 HAWTHORNE STREET SUITE 20 SARASOTA FI, 34238  SUIS 22, Fryncipal Place of Rusiness 2018 ASSOTA FI, 34238  SUIS 24, Fryncipal Place of Rusiness 25, Mailing Address 25, Mailing Address 26, Mailing Address 27, Mailing Address 27, Mailing Address 28, Mailing Address 28, Mailing Address 29, Mailing Address 2018, Agr. #, etc.							GOO WE THE								
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SP2411083   Not Applicable    Zip   Country   Zip   Country   5. Certificate of Status Desired   \$8.75 Additional Fee Required    Fee Required   Fee Require	Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
SAVARY, JOHNSON S JR 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA FL 34236  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. Lam familiar with, and accept the cologations of registered agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Cheek People for Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE PD CORBETT, F. SCOTT STREET ADDRESS  OTY-ST-2P  SARASOTA FL 34239  TILE NAME STREET ADDRESS  OTY-ST-2P  SARASOTA FL 34239  TILE NAME STREET ADDRESS  STREET	City & State			City & State				4.	4. FEI Number 59-2411093				-		
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SAVARY, JOHNSON S JR 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA FL 34236    City   FL   Zip Code		. 6. Name a	and Address of Current	Registere	ed Agent			7.	Name and	Address of	New Reg	gistered A	gent -		
22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA FL 34236  City FL Zip Code  City SL Zip Co	CAVADV	IUHNGUN 6	ID												
SARASOTA FL 34236  6. 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    Segmence typical or printed name of registered agent and life if applications (NOTE Registered Agent a greature required when remissaincy)					Stre			Address (P.O. Box Number is Not Acceptable)							
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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    Signature	• • • • • • • • • • • • • • • • • • • •						City		•			FL	Zip Cod	ie	
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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 attachmen with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #