FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

H52006

(4)

ASSOCIATES IN GASTROENTEROLOGY RADRADA A DACUM

APPROVED

1996 APR 30 PN 1: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

4600 N. HAI SUITE 202 TAMPA FL :		Mailing Address 501 E. KENNEDY BL STE. 1700 TAMPA FL 33602	LVD.		
US 2 Principal D	Place of Business			3. Date Incorporated or Qualified 04/09/1985	3a. Date of Lest Report 04/04/1995
21	race of business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2684823	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional
Orty & Stat	le	City & State	////	6. Election Campaign Financing .	Fee Required
23 Zip		28	****	Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country [25]	Zip	Country	8. This corporation has fiability for in	ntangible tax under s 199,032,
	Name and Address of Current	29 t Registered Agent	30	Florida Statutes Yes	□No
		· · · · · · · · · · · · · · · · · · ·	81 Name	10. Name and Address of New Re	egistered Agent
HUMPH	RIES, J. BOB, ESQUIRE				
501 EAS	ST KENNEDY BLVD-STE 1700		82 Street A	ddress (P.O. Box Number is Not Acceptable	e)
P.O. BO			83		······································
TAMPA	FL 33602				
		•	84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	ites, the above named con	poration submits this statement for the purp oard of directors. I hereby accept the appoi	FL 63 24 0000
familiar wi	th, and accept the obligations of, Section	a. Such change was authori on 607.0505. Florida Statute	ized by the corporation's b	oard of directors. I hereby accept the appoi	intment as registered agent. I am
SIGNATURE			• • • • • • • • • • • • • • • • • • • •		
SIGNATURE .	Signature, typiod or printed name of registered agent e	rkt title if appolicable. (N			
SIGNATURE .	OFFICERS AND	ind the it applicable. (N DIRECTORS	VOTE: Registered Agent signature req	uned when reinstaling)	DATE
SIGNATURE . 12. Title	PST OFFICERS AND	rkt title if appolicable. (N	OTE: Registered Agent signature req		DATE DERS AND DIRECTORS IN 12
SIGNATURE . 12. TITLE NAME	OFFICERS AND PST BACHMAN, BARBARA ANN	ind the it applicable. (N DIRECTORS	VOTE: Registered Agent signature req	uned when reinstaling)	DATE
SIGNATURE: 12. TITLE NAME STREET ADDRESS	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202	ind the it applicable. (N DIRECTORS	NOTE: Rogistered Agent signature req. 13.	uned when reinstaling)	DATE DERS AND DIRECTORS IN 12
SIGNATURE . 12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL	INSTRUCTIONS DELETE	NOTE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uned when reinstaling)	DATE DERS AND DIRECTORS IN 12
SIGNATURE . 12. TITLE NAME STREET ADDRESS CITY-SI-7/P TITLE	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D	ind the it applicable. (N DIRECTORS	NOTE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uned when reinstaling)	DATE DERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SI-7/P TITLE NAME	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN	INSTRUCTIONS DELETE	NOTE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uned when reinstaling)	DATE DERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	INSTRUCTIONS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uned when reinstaling)	DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SI-7/P TITLE NAME STREET ADDRESS C-TY-SI-7/P	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN	OR DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	uned when reinstaling)	DATE DERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. THE NAME STREEL ADDRESS CITY-SI-7/P THE NAME STREEL ADDRESS C-TY-SI-7/P THE	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	INSTRUCTIONS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	uned when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS C-TY-ST-ZIP THE NAME	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	OR DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME	uned when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-SI-7/P THE NAME STREET ADDRESS C-TY-SI-7/P THE NAME STREET ADDRESS STREET ADDRESS	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	OR DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC TO OFFIC	DATE DERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-SI-7/P TITLE NAME STREET ADDRESS C-TY-SI-7/P TITLE NAME STREET ADDRESS CITY-SI-7/P CITY-SI-7/P	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	OR DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC TO OFFIC	DATE DERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition 15:13:4 36-01087-026
SIGNATURE 12. THE NAME STREET ADDRESS CITY-SI-7:P THE NAME STREET ADDRESS C-TY-ST-7:P THE NAME STREET ADDRESS C-TY-ST-7:P THE NAME STREET ADDRESS CITY-ST-7:P THE	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC TO OFFIC	DATE DERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC TO OFFIC	DATE DERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition 15:13:4 36-01087-026
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC TO OFFIC	DATE DERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition 15:13:4 36-01087-026
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC TO OFFIC	DATE DERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition 15:13:4 36-01087-026
SIGNATURE . 12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP DLE	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC TO OFFIC	DATE DERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME NAME STREET ADDRESS CITY-SI-7IP TITLE NAME NAME	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.3 STREET ADDRESS 6.5 STREET ADDRESS	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP DLE	PST BACHMAN, BARBARA ANN 4600 N. HABANA AVE., #202 TAMPA FL D BACHMAN, BARBARA, ANN 4600 N. HABANA AVE., #202	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ured when reinstaling) ADDITIONS/CHANGES TO OFFIC TO OFFIC	DATE DERS AND DIRECTORS IN 12 Change Addition Change Addition

certify that the information Indicated on this annual report or supplemental and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further oath; that I am an officer or director of the corporation of the acceiver or toucles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: Contrar A. Bachman, M.D., President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 874-1422

Daytime Phone #