2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
03-24-2004 90300 008 ****50.00
04-29-2004 90068 009 ****50.00

24059342

04092004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000015128

1. Entity Name
G & S ASSOCIATES, PLLC

Principal Place of Business	Mailing Address
1340 SOUTH 18TH STREET, SUITE 101 FERNANDINA BEACH, FL 32034	1340 SOUTH 18TH STREET, SUITE 101 FERNANDINA BEACH, FL 32034

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-0566449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MM FIRST COAST SURGICAL, P.A. 1340 S. 18TH STREET FERNANDINA BEACHM,FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MM AMELIA GASTROENTEROLOGY, P.A. 1340 S. 18TH STREET, SUITE 101 FERNANDINA BEACH, FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

First Coast Surgical, P.A.

SIGNATURE: By: [signature] Chester Nieland, M.D. President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #