

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000015128**

1. Entity Name  
**G & S ASSOCIATES, PLLC**



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

Mailing Address  
**1340 SOUTH 18TH STREET, SUITE 101  
FERNANDINA BEACH, FL 32034**



01222006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0566449**

Applied For  
☐ Not Applicable

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

**8. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FIRST COASTAL SURGICAL, P.A.  
1340 S. 18TH STREET  
FERNANDINA BEACH, FL 32034**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
AMELIA GASTROENTEROLOGY, P.A.  
1340 S. 18TH STREET, SUITE 101  
FERNANDINA BEACH, FL 32034**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000410494  
02/03/06-80039-006 50.00

11. 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 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.

SIGNATURE: William F. Deary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/27/06 (904) 261-0878  
Date Daytime Phone #