

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004436 (0)

1. Corporation Name

**GASTROENTEROLOGY ASSOCIATES OF NORTHEAST FLORIDA
, INC.**



Principal Place of Business

Mailing Address

**2020 PROFESSIONAL CENTER DR., 2ND FL
ORANGE PARK FL 32073**

**2020 PROFESSIONAL CENTER DR., 2ND FL
ORANGE PARK FL 32073**

3. Date Incorporated or Qualified
09/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

APPLICATION FILED

☒ Applied For
☐ Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBSON, CHARLES J
2323 CURLEW ROAD, STE 7E
PALM HARBOR FL 34683**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Charles J. Jacobson
Signature, typed or printed name of registered agent and title if applicable

Registered Agent
(NOTE: Registered Agent signature required for reinstating)

1/17/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DUFFY, PATRICK**
STREET ADDRESS **1893 KINGSLEY AVENUE, STE A**
CITY-ST-ZIP **ORANGE PARK FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **MERRELL, DALE E**
STREET ADDRESS **2005 RIVERSIDE AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **HONG TAING TEK**
2.3 STREET ADDRESS **1820 BARRS ST.**
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **STD** ☐ DELETE
NAME **KRUEGER, ROSS**
STREET ADDRESS **1801 BARRS STREET, STE #820**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patrick A. Duffy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96
Date

904-2728080
Daytime Phone #

CR2E037 (12/95)