
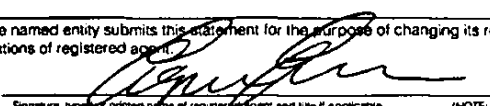
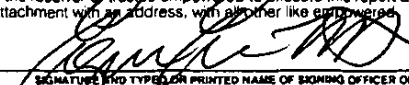


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 26, 2007 8:00 am
Secretary of State

03-13-2007 90013 041 ***150.00

DOCUMENT # P02000002125 1. Entity Name AMERICAN GASTROENTEROLOGY ASSOCIATES, P.A.					
Principal Place of Business 2407 RUTH HENTZ AVE PANAMA CITY, FL 32405			Mailing Address 2407 RUTH HENTZ AVE PANAMA CITY, FL 32405		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 31-1815406	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EVANS, EUGENE DR. 2407 RUTH HENTZ AVE PANAMA CITY, FL 32405					
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:  (NOTE: Registered Agent signature required when remaining) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST EVANS, EUGENE DR. 2407 RUTH HENTZ AVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, EUGENE DR. 2407 RUTH HENTZ AVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, EUGENE DR. 2407 RUTH HENTZ AVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, EUGENE DR. 2407 RUTH HENTZ AVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, EUGENE DR. 2407 RUTH HENTZ AVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, EUGENE DR. 2407 RUTH HENTZ AVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, EUGENE DR. 2407 RUTH HENTZ AVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete			
12. 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 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 attachment with an address, with all other like empowered.					
SIGNATURE: 					

66006555



02072007 Chg-P CR2E034 (12/06)