

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G35310

Entity Name: GASTROENTEROLOGY ASSOCIATES OF ST. AUGUSTINE, P.A.**Current Principal Place of Business:**216 SOUTHPARK CIR. EAST
ST AUGUSTINE, FL 32086**Current Mailing Address:**216 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE, FL 32086**FEI Number:** 59-2282957**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSADO, SANTIAGO AM.D.
216 SOUTHPARK CIR. EAST
ST. AUGUSTINE, FL 32086 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	ROSADO, SANTIAGO A
Address	216 SOUTHPARK CIR. EAST
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	D
Name	VILLANUEVA, STEVEN Y
Address	216 SOUTHPARK CIR. EAST
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	D
Name	CAVACINI, TIMOTHY J
Address	216 SOUTHPARK CIR. EAST
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	D
Name	SOROKA, STUART A
Address	216 SOUTHPARK CIRCLE E.
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	D
Name	GASSERT, DANIEL J
Address	216 SOUTHPARK CIRCLE EAST
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	D
Name	BARLOW, WILLIAM J
Address	216 SOUTHPARK CIRCLE EAST
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	D
Name	AHMADI, ANIS A
Address	216 SOUTHPARK CIRCLE EAST
City-State-Zip:	ST. AUGUSTINE FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANTIAGO ROSADO**PRESIDENT****03/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date