

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H79206

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** GASTROENTEROLOGY GROUP OF THE PALM BEACHES, P.A.

**Current Principal Place of Business:**

2001 NORTH FLAGLER DRIVE  
W. PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

2001 NORTH FLAGLER DRIVE  
W. PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 59-2580907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNIGHT, NEAL W., JR., ESQ.  
321 ROYAL POINCIANA PLAZA  
PALM BCH., FL 33480 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KRUMHOLZ, STEVEN, MD,  
Address: 2001 NORTH FLAGLER DRIVE  
City-St-Zip: W. PALM BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KRUMHOLZ, STEVEN M.D.  
Address: 2001 NORTH FLAGLER DRIVE  
City-St-Zip: W. PALM BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN KRUMHOLZ, M.D.

P

04/27/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date