

FILED  
Apr 04, 2008 8:00 am  
Secretary of State

04-04-2008 90022 014 \*\*\*158.75

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT.

<b>DOCUMENT # H79206</b>			
1. Entity Name <b>GASTROENTEROLOGY GROUP OF THE PALM BEACHES, P.A.</b>			
Principal Place of Business <b>2001 NORTH FLAGLER DR. WEST PALM BEACH, FL 33407</b>		Mailing Address <b>2001 NORTH FLAGLER DR. WEST PALM BEACH, FL 33407</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04012008 Chg-P CR2E034 (12/06)	
		4. FEI Number <b>59-2580907</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KNIGHT, NEAL W., JR., ESQ. 340 ROYAL POINCIANA PLAZA SUITE 321 PALM BCH., FL 33480</b>		Name <b>Neal W. Knight, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>840 US Highway One Suite 100 North Palm Beach FL 33408</b>	
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 <b>Neal W. Knight, Jr.</b> DATE <b>04/01/08</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<b>P KRUMHOLZ, STEVEN M.D. 2001 NORTH FLAGLER DRIVE W. PALM BEACH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WEST PALM BEACH, FL 33407</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		SIGNATURE <b>Steven Krumholz</b> DATE <b>04/01/08</b> DAYTIME PHONE # <b>561 659-4543</b>	