

722.98 B 8088 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 NOT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

MP

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 Aug 10 1998 8:00am
 Secretary of State

DOCUMENT # P97000021204 (7)
 1. Corporation Name
 SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2623 SOUTH SEACREST BLVD 2623 SOUTH SEACREST BLVD
 SUITE 108 SUITE 108
 BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified
 03/07/1997
 4. FEI Number Applied For
 65-0736246 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 625 S.E. Second Ave. 26 same as 2
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Suite B 27
 City & State City & State
 23 Boynton Beach, FL 28
 Zip Country Zip Country
 24 33435 25 Lisa 29 30

9. Name and Address of Current Registered Agent
 MENKHAUS, DAVID J
 4800 NORTH FEDERAL HWY
 SUITE 210-A
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent
 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
 TITLE PD DELETE
 NAME James H. DeGerome
 STREET ADDRESS 1422 S. Atlantic Drive East
 CITY-ST-ZIP Lantana, FL 33462
 TITLE DELETE
 NAME Mark Brown
 STREET ADDRESS 3159 N.W. 59 Street
 CITY-ST-ZIP Boca Raton, FL 33496
 TITLE DELETE
 NAME TD Mark R. Dosch
 STREET ADDRESS 4615 Pine Tree Drive
 CITY-ST-ZIP Boynton Beach, FL 33436
 TITLE DELETE
 NAME SD Augusto Lopez-Torres
 STREET ADDRESS 3025 Salerno Way
 CITY-ST-ZIP Delray Beach, FL 33445
 TITLE DELETE
 NAME D Jaime Alalu
 STREET ADDRESS 18 Hudson Avenue
 CITY-ST-ZIP Ocean Ridge, FL 33435
 TITLE DELETE
 NAME Comptroller Wayne E. Puls
 STREET ADDRESS 831 S.W. 34 Avenue
 CITY-ST-ZIP Boynton Beach, FL 33435

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DEP. \$550.00

CR2E034 (5/98)