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03-01-1999 90080 038 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000021204**

1. Corporation Name
SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.



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

Mailing Address
 2623 SOUTH SEACREST BLVD
 SUITE 108
 BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 1325 South Congress Ave.
 Suite, Apt. #, etc.
 22 Suite 211
 City & State
 23 Boynton Beach, FL
 Zip Country
 24 33426 25 USA

2a. Mailing Address
 26 1325 S. Congress Ave.
 Suite, Apt. #, etc.
 27 Suite 211
 City & State
 28 Boynton Beach, FL
 Zip Country
 29 33426 30 USA

3. Date Incorporated or Qualified
03/07/1997

4. FEI Number
65-0736246 Applied For
 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENKHAUS, DAVID J
 4800 NORTH FEDERAL HWY
 SUITE 210-A
 BOCA RATON FL 33431

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	<input type="checkbox"/> DELETE
NAME	DEGEROME, JAMES H	
STREET ADDRESS	1422 S. ATLANTIC DRIVE EAST	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, MARK	
STREET ADDRESS	3159 N.W. 59TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DOSCH, MARK R	
STREET ADDRESS	4615 PINE TREE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOPEZ-TORRES, AUGUSTO	
STREET ADDRESS	3025 SALERNO WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALALU, JAMIE	
STREET ADDRESS	18 HUDSON AVENUE	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	COMP	<input type="checkbox"/> DELETE
NAME	PULS, WAYNE E	
STREET ADDRESS	831 S.W. 34TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *James H. DeGerome* **JAMES H. DE GEROME 02/03/99** (561) 732-2900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)