

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021204

1. Entity Name

SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90021 003 ***158.75

Principal Place of Business 1325 S CONGRESS AVE SUITE 211 BOYNTON BEACH FL 33426 US	Mailing Address 1325 S CONGRESS AVE SUITE 211 BOYNTON BEACH FL 33426-5873 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0736246	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. 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	4815 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	881 S.W. 34TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASST. SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FREEMOND TERRI	
CITY-ST-ZIP	501 SW 113TH AVE.	
	PEMBROKE PINES	

13. 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 report of 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **MARK R. DOSCH MD.** 3-27-00 561 732-2900

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)