


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000021204

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



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 US
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01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0736246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENKHAUS, DAVID J
 2424 N FEDERAL HWY
 SUITE 456
 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEGEROME, JAMES H 1422 S. ATLANTIC DRIVE EAST LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROWN, MARK 3159 N.W. 59TH STREET BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DOSCH, MARK R 4615 PINE TREE DRIVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LOPEZ-TORRES, AUGUSTO 3025 SALERNO WAY DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALALU, JAMIE 18 HUDSON AVENUE OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS TERRS, FREEMOND 501 SW 113TH AVE PEMROKE PINES, FL

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00200114-013
 0-7300734-80100-014 150.00

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____