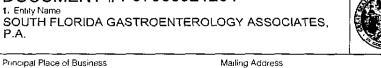
2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P97000021204 SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.

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



DO NOT WRITE IN THIS SPACE

TURE AND TYPED OR PRINTED NAME OF

1325 S CONGRESS AVE

BOYNTON BEACH, FL 33426

SUITE 211

01202004 No Chg-P CR2E034 (10/03)

4. FEI Number		Applied For
65-0736246	_	Not Applicable
5. Certificate of Status Desired		\$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

SIGNATURE:

1325 S CONGRESS AVE

BOYNTON BEACH, FL 33426 US

SUITE 211

DO NOT WRITE IN THIS SPACE

Date

SIGNATURE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY: STZIP	PD DEGEROME, JAMES H 1422 S. ATLANTIC DRIVE EAST LANTANA, FL 33462				ნენებს მეგადემ მოკენი 84-მნენენ - 814 - 158.00	
THLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, MARK 3159 N.W. 59TH STREET BOCA RATON, FL 33496				<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOSCH, MARK R 4615 PINE TREE DRIVE BOYNTON BEACH, FL 33436			DO	NOT WRITE	
THLE NAME STREET ADDRESS CITY ST-ZIP	SD LOPEZ-TORRES, AUGUSTO 3025 SALERNO WAY DELRAY BEACH. FL 33445			IN THIS SPACE		
TITLE NAME STREET ADORESS CITY: ST-ZIP	D ALALU, JAMIE 18 HUDSON AVENUE OCEAN RIDGE, FL 33435					
TIBLE NAME STREET ADDRESS CITY-ST-ZIP	AS TERRS, FREEMOND 501 SW 113TH AVE PEMROKE PINES, FL					
12. I hereby certily 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 eath, 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 bline like empowered.						

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