


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 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	



02052007 No Chg-P CR2E034 (11/05)

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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
 1900 GLADES RD
 SUITE 401
 BOCA RATON, FL 33431

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	VD 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	PTD 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	VD SHANMUGAM, NIRMALA 1325 SO CONGRESS AVE SUITE 211 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRIPPOLI, ANTHONY 1325 SO CONGRESS AVE #211 BOYNTON BEACH, FL 33426

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 02/28/07-80030-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # _____