SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

S81975

(2)

SOUTH FLORIDA CENTER OF GASTROENTEROLOGY, P.A.

Principal Place of Business		Mailing Address	Mailing Address			
2051 45TH STREET SUITE 301		2051 45TH STREET	2051 45TH STREET SUITE 301			
WEST PALM BEACH FL 33407		WEST PALM BEACH	WEST PALM BEACH FL 33407		DO NOTINDITE WEEKING TO CO.	
	•				DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
O Dringing I	llan of Dunings	D- Malling Addison			09/23/1991	
2. Principal Place of Business		h1	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Suite Ast # a	Suite, Apt. #, etc.		65-0286273	Not Applicable
22			27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State			
23			28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip Country		Zip Country			
24	25	29	30	2110 y	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu			<u> </u>	10. Name and Address of New Registered	
SMITH, MATTHEW				81 Name		
2151 45 BT						
SUITE 208				82 Street A	ddress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33407				83		
***	TABLE DENOTITE SOUTH					
	•			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 agent. I	regis tere d agent, or both, in the 5 am <mark>famili</mark> ar with, and accept the c	State of Florida. Such chango Obligations of, section 607.05	e was authorize 505, Florida Sta	d by the corpor tutes.	ation's board of directors. I hereby accept the appo	intment as registered
SIGNATURE						
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	PD	DELI	ETE 1.17/	TLE		Change Addition
NAME	SMITH, MATTHEW		1.2 N	AME		
STREET ADDRESS	2051 45TH STREET SUITE	301	1.3 ST	REET ADDRESS		
CITY-ST-ZIP	WEŞT PALM BEACH FL 33	407	1.4 CI	TY-ST-ZIP		
TITLE	VP .	DELI	TE 2.1 TI	TLE		Change Addition
NAME	DAVIS, MITCHELL		2.2 N/	AME		
STREET ADDRESS	2051 45TH STREET SUITE	301	2.3 ST	REET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33	407	2.4 CI	TY-ST-ZIP		
TITLE		DELI	TE 3.1 TI	TLE		Change Addition
NAME			3.2 N/	₩E		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3.4 Cf	TY-ST-ZIP		
TITLE		DELE	TE 4.1 TE	TLE		Change Addition
NAME		_ _	4.2 NA	AME .		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CF	TY-ST-ZIP		
TITLE		DELE	5.1 TIT	TLE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CI	TY-ST-ZIP		
TITLE		DELE				Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET ADDRESS		
				I .		

FILED Jul 16 1998 8:00am Secretary of State

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 of trustee employered 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 fin attactment with an address. TU 045-6228

7/2/40