2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$81975

SMITH, MATTHEW

WEST PALM BEACH FL 33407

9. This corporation is eligible to satisfy its Intangible

SMITH, MATTHEW

DAVIS, MITCHELL

2051 45TH STREET SUITE 301

WEST PALM BEACH FL 33407

2051 45TH STREET SUITE 301

WEST PALM BEACH FL 33407

13. I hereby certify that the information supplied with his fill indicated on this report or supplemental report is true at of the corporation or the receiver or trusted employered.

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SIGNATURE AND TYPED OR PRI

changed, or on an attachment w

SIGNATURE:

Tax filing requirement and elects to do so.

2151 45 ST **SUITE 208**

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

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NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

1. Entity Name

SOUTH FLORIDA CENTER OF GASTROENTEROLOGY, P.A.

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Mailing Address Principal Place of Business 2051 45TH STREET SUITE 301 2051 45TH STREET SUITE 301 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407-2031 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt, #, etc. City & State City & State Country Zip Zip Country

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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accurate cute

12.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CATY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

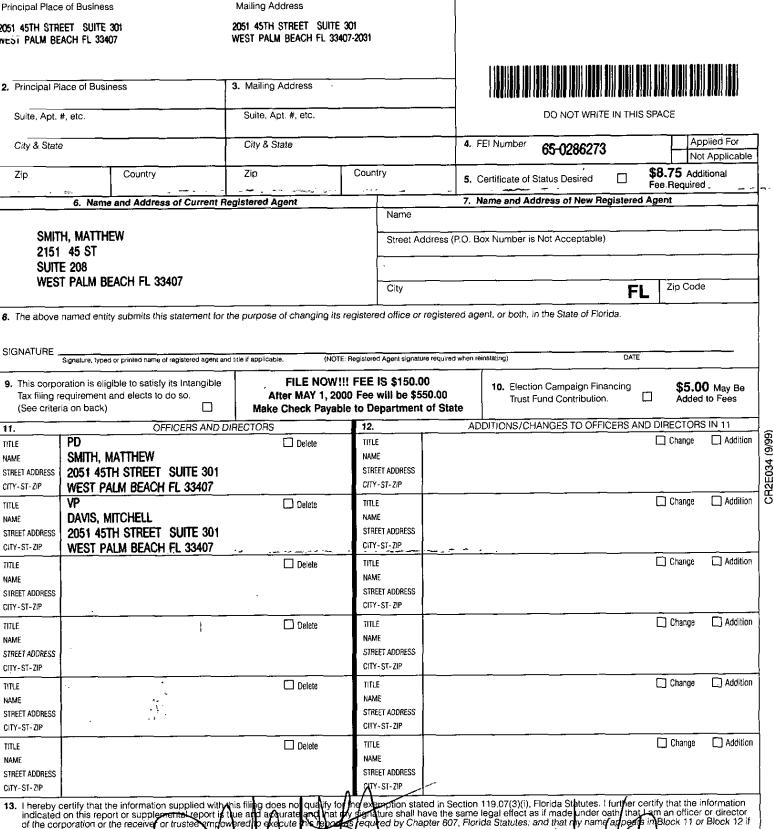
NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED Feb 04, 2000 8:00 am Secretary of State

02-04-2000 90038 026 ***150.00



that Lam an officer or director pears in Block 11 or Block 12 if

Daytime Phone #