Apr 27 04 01:04p Kimberly Benavepte

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90208 020 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

24071382

DOCUMENT # S81975

1. Entity Name
SOUTH FLORIDA CENTER OF GASTROENTEROLOGY, P.A.

Principal Place of Business	Mailing Address
2051 45TH STREET SUITE 301 WEST PALM BEACH, FL 33407	2051 45TH STREET SUITE 301 WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0286273
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MATTHEW
2151 45 ST
SUITE 208
WEST PALM BEACH, FL 33407

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	SMITH, MATTHEW
STREET ADDRESS	~~2051 45TH STREET SUITE 301~~ 10115 FOREST HILL Blvd SUITE 103
CITY-ST-ZIP	~~WEST PALM BEACH, FL 33407~~ WELLINGTON FL 33414
TITLE	VP
NAME	DAVIS, MITCHELL
STREET ADDRESS	~~2051 45TH STREET SUITE 301~~ 10115 FOREST HILL Blvd SUITE 103
CITY-ST-ZIP	~~WEST PALM BEACH, FL 33407~~ WELLINGTON FL 33414
TITLE	STEVEN A. SACKS Trustee
NAME	10115 FOREST HILL Blvd
STREET ADDRESS	SUITE 103
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #