2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2012
Secretary of State

DOCUMENT# S81975

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

Current Principal Place of Business:

1447 MEDICAL PARK BLVD., STE. 205
WELLINGTON, FL 33414

New Principal Place of Business:

1447 MEDICAL PARK BLVD
SUITE 205
WELLINGTON, FL 33414

Current Mailing Address:

1447 MEDICAL PARK BLVD., STE. 205
WELLINGTON, FL 33414

New Mailing Address:

1447 MEDICAL PARK BLVD
SUITE 205
WELLINGTON, FL 33414

FEI Number: 65-0286273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MATTHEW
10115 FOREST HILL BLVD., # 100
SUITE 103
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SMITH, MATTHEW
Address: 1447 MEDICAL PARK BLVD SUITE 205
City-St-Zip: WELLINGTON, FL 33414

Title: VP
Name: DAVIS, MITCHELL
Address: 1447 MEDICAL PARK BLVD SUITE 205
City-St-Zip: WELLINGTON, FL 33414

Title: TR
Name: SACKS, STEVEN R
Address: 1447 MEDICAL PARK BLVD SUITE 205
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW SMITH PD 03/29/2012

Electronic Signature of Signing Officer or Director — Date