


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 601035 (9) 1. Corporation Name COLON & RECTAL SURGERY ASSOCIATES, P.A.			
Principal Place of Business 1960 NE 47TH ST SUITE 102 FT LAUDERDALE FL 33308		Mailing Address 1960 NE 47TH ST SUITE 102 FT LAUDERDALE FL 33308	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent LESCHER, THEODORE C., M.D. 1960 N.E. 47TH STREET SUITE 102 FT LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 81 Name Thomas J. Lescher MD 82 Street Address (P.O. Box Number is Not Acceptable) 1960 NE 47 Street 83 Suite 102 84 City Ft Lauderdale FL 85 Zip Code 33308	
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 registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Thomas J. Lescher MD</i> DATE 4/14/98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PD NAME LESCHER, THEODORE C. MD DELETED STREET ADDRESS 5211 NE 31ST AVE CITY-ST-ZIP FT LAUDERDALE FL TITLE VD NAME LESCHER, THOMAS J., M.D. DELETED STREET ADDRESS 6510 NE 20 AVENUE CITY-ST-ZIP FT LAUDERDALE FL TITLE STD NAME DE GENNARO, VINCENT A. MD STREET ADDRESS 2870 N.E. 55TH PLACE CITY-ST-ZIP FT. LAUDERDALE FL TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME Thomas J. Lescher MD 1.3 STREET ADDRESS 6510 NE 20 AVE 1.4 CITY-ST-ZIP Ft Lauderdale FL 33308 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP no change 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
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 or trustee empowered 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 an attachment with an address. SIGNATURE: <i>Thomas J. Lescher MD</i> DATE 4/14/98 454-772-4553			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/28/1969	
4. FEI Number 59-1262740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)