

7-22-98 B 8088 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
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. Lorthan
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10 1998 8:00am
Secretary of State

DOCUMENT # P97000021204 (7)
1. Corporation Name
SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2623 SOUTH SEACREST BLVD
SUITE 108
BOYNTON BEACH FL 33435**

Mailing Address
**2623 SOUTH SEACREST BLVD
SUITE 108
BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified

03/07/1997

2. Principal Place of Business
21 625 S.E. Second Ave.

2a. Mailing Address
26 same as 2

4. FEI Number
65-0736246

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite B

Suite, Apt. #, etc.

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

City & State
23 Boynton Beach, FL

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 33435

Country
25 Lisa

Zip
29

Country
30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENKHAUS, DAVID J
4800 NORTH FEDERAL HWY
SUITE 210-A
BOCA RATON FL 33431**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
James H. DeGerome
1422 S. Atlantic Drive East
Lantana, FL 33462**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Mark Brown
3159 N.W. 59 Street
Boca Raton, FL 33496**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Mark R. Dosch
4615 Pine Tree Drive
Boynton Beach, FL 33436**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Augusto Lopez-Torres
3025 Salerno Way
Delray Beach, FL 33445**

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Jaime Alalu
18 Hudson Avenue
Ocean Ridge, FL 33435**

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Comptroller
Wayne E. Puls
831 S.W. 34 Avenue
Boynton Beach, FL 33435**

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]

07/10/98

(611) 740-2900

DEP. \$550.00

CR2E034 (5/98)