

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90080 038 \*\*\*150.00

DOCUMENT # P97000021204

1. Corporation Name

SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

65-0736246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1325 South Congress Ave.

2a. Mailing Address

26 1325 S. Congress Ave.

Suite, Apt. #, etc.

22 Suite 211

Suite, Apt. #, etc.

27 Suite 211

City &amp; State

23 Boynton Beach, FL

City &amp; State

28 Boynton Beach, FL

Zip

24 33426

Country

25 USA

Zip

29 33426

Country

30 USA

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE  
NAME DEGEROME, JAMES H  
STREET ADDRESS 1422 S. ATLANTIC DRIVE EAST  
CITY-ST-ZIP LANTANA FL 33462

TITLE VD ☐ DELETE  
NAME BROWN, MARK  
STREET ADDRESS 3159 N.W. 59TH STREET  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE TD ☐ DELETE  
NAME DOSCH, MARK R  
STREET ADDRESS 4615 PINE TREE DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE SD ☐ DELETE  
NAME LOPEZ-TORRES, AUGUSTO  
STREET ADDRESS 3025 SALERNO WAY  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☐ DELETE  
NAME ALALU, JAMIE  
STREET ADDRESS 18 HUDSON AVENUE  
CITY-ST-ZIP OCEAN RIDGE FL 33435

TITLE COMP ☐ DELETE  
NAME PULS, WAYNE E  
STREET ADDRESS 831 S.W. 34TH AVENUE  
CITY-ST-ZIP BOYNTON BEACH FL 33435

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. DEGEROME 02/03/99

Date

(561) 732-2900

Daytime Phone #