2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000021204

1. Entity Name
SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1325 S CONGRESS AVE SUITE 211 BOYNTON BEACH, FL 33426 US	1325 S CONGRESS AVE SUITE 211 BOYNTON BEACH, FL 33426 US

DO NOT WRITE IN THIS SPACE

01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0736246
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENKHAUS, DAVID J
2424 N FEDERAL HWY
SUITE 456
BOCA RATON, FL 33431

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

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	DEGEROME, JAMES H
STREET ADDRESS	1422 S. ATLANTIC DRIVE EAST
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	VD
NAME	BROWN, MARK
STREET ADDRESS	3159 N.W. 59TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	TD
NAME	DOSCH, MARK R
STREET ADDRESS	4615 PINE TREE DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	SD
NAME	LOPEZ-TORRES, AUGUSTO
STREET ADDRESS	3025 SALERNO WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	ALALU, JAMIE
STREET ADDRESS	18 HUDSON AVENUE
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	AS
NAME	TERRS, FREEMOND
STREET ADDRESS	501 SW 113TH AVE
CITY-ST-ZIP	PEMROKE PINES, FL

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