

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021204

FILED  
Apr 28, 2006  
Secretary of State

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

## Current Principal Place of Business:

1325 S CONGRESS AVE  
SUITE 211  
BOYNTON BEACH, FL 33426 US

## New Principal Place of Business:

## Current Mailing Address:

1325 S CONGRESS AVE  
SUITE 211  
BOYNTON BEACH, FL 33426 US

## New Mailing Address:

FEI Number: 65-0736246      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENKHAUS, DAVID J  
1900 GLADES RD  
SUITE 401  
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: DEGEROME, JAMES H  
Address: 1422 S. ATLANTIC DRIVE EAST  
City-St-Zip: LANTANA, FL 33462 US

Title: VD ( ) Delete  
Name: BROWN, MARK  
Address: 3159 N.W. 59TH STREET  
City-St-Zip: BOCA RATON, FL 33496 US

Title: PTD ( ) Delete  
Name: DOSCH, MARK R  
Address: 4615 PINE TREE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: SD ( ) Delete  
Name: LOPEZ-TORRES, AUGUSTO  
Address: 3025 SALERNO WAY  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VD ( ) Delete  
Name: SHANMUGAM, NIRMALA  
Address: 1325 SO CONGRESS AVE SUITE 211  
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: VD ( ) Delete  
Name: STRIPPOLI, ANTHONY  
Address: 1325 SO CONGRESS AVE #211  
City-St-Zip: BOYNTON BEACH, FL 33426 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK R DOSCH

PTD

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date