

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000021204

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



Principal Place of Business

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

Mailing Address

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



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
1900 GLADES RD
SUITE 401
BOCA RATON, FL 33431

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IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SHANMUGAM, NIRMALA
1325 SO CONGRESS AVE SUITE 211
BOYNTON BEACH, FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
STRIPPOLI, ANTHONY
1325 SO CONGRESS AVE #211
BOYNTON BEACH, FL 33426

000000639539
02/28/07-80030-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #