

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90014 004 ***150.00

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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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

65-0736246

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☒ 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	PTD	☐ 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	VD	☒ Delete
NAME	SHANMUGAM, NIRMALA	
STREET ADDRESS	1325 SO CONGRESS AVE SUITE 211	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	VD	☒ Delete
NAME	STRIPPOLI, ANTHONY	
STREET ADDRESS	1325 SO CONGRESS AVE #211	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

TITLE	P	☐ Change ☒ Addition
NAME	McGUIRE, DANIEL	
STREET ADDRESS	6582 NW 32 AVE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	P	☐ Change ☒ Addition
NAME	URBAN, MICHAEL	
STREET ADDRESS	5801 NW 23 AVE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☐ Change ☒ Addition
NAME	BROMER, MATTHEW	
STREET ADDRESS	11238 MISTY RIDGE WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	☐ Change ☒ Addition
NAME	ALAU, JAIME	
STREET ADDRESS	2150 S. OCEAN BLVD #2E	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	

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