

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000021204

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

FILED
Jul 01, 2016
Secretary of State
CC3609744287

Current Principal Place of Business:

6944 LAKE WORTH ROAD
LAKE WORTH, FL 33467

Current Mailing Address:

6944 LAKE WORTH ROAD
LAKE WORTH, FL 33467 US

FEI Number: 65-0736246

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MICHAEL URBAN, M.D.
6944 LAKE WORTH ROAD
LAKE WORTH, FL 33467 US

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

Officer/Director Detail :

Title P
Name MCGUIRE, DANIEL
Address 6944 LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33467

Title P
Name URBAN, MICHAEL
Address 6944 LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33467

Title T&S
Name BROMER, MATTHEW
Address 6944 LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33467

Title D
Name ALALU, JAIME
Address 4545 NO OCEAN BLVD, APT 11D
City-State-Zip: BOCA RATON FL 33431

Title D
Name TOWBIN, BRAD
Address 6944 LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33467

Title D
Name STERN, JOSHUA
Address 7363 WEXFORD TERRACE
City-State-Zip: BOCA RATON FL 33433

Title D
Name COHEN, HILLEL
Address 22152 PRIMROSE WAY
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR
Name STRIPPOLI, ANTHONY
Address 4575 PINE TREE DRIVE
City-State-Zip: BOYNTON BEACH FL 33436

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I hereby 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 all other like empowered.

SIGNATURE: MICHAEL URBAN

MANAGING PARTNER

07/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BROWN, MARK
Address 3159 NW 59 STREET
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name KESSELMAN, MARISSA
Address 212 TURNBERRY COURT SO
City-State-Zip: ATLANTIS FL 33462

Title DIRECTOR
Name SHANMUGAM, NIRMALA
Address 9020 TREE RAIL DRIVE
City-State-Zip: BOYNTON BEACH FL 33472

Title DIRECTOR
Name HORVATH, EDWARD
Address 12920 PENNELL PINES ROAD
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR
Name MILGRIM, RICHARD
Address 21663 FALL RIVER DRIVE
City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR
Name LEVY, RONALD
Address 99 SE MIZNER BLVD
#329
City-State-Zip: BOCA RATON FL 33432