

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000021204

**FILED**  
**Mar 07, 2018**  
**Secretary of State**  
**CC2125883710**

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

**Current Principal Place of Business:**

6135 LAKE WORTH ROAD  
LAKE WORTH, FL 33463

**Current Mailing Address:**

PO BOX 740177  
BOYNTON BEACH, FL 33474-0177 US

**FEI Number:** 65-0736246

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MICHAEL URBAN, M.D.  
6135 LAKE WORTH ROAD  
LAKE WORTH, FL 33463 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 6135 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33463

Title P  
Name URBAN, MICHAEL  
Address 6135 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33463

Title T&S  
Name BROMER, MATTHEW  
Address 6135 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33463

Title D  
Name TOWBIN, BRAD  
Address 6135 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33463

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

Title DIRECTOR  
Name HORVATH, EDWARD  
Address 12920 PENNELL PINES ROAD  
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**

**PRESIDENT**

**03/07/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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 PARTNER  
Name CAVELL, LIANNE  
Address 6135 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33463

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

Title DIRECTOR  
Name SHAIKH, SOHAIL N.  
Address 6135 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33463