

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000021204

**Entity Name:** SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.**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 T&S  
Name BROMER, MATTHEW  
Address 6944 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33467

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

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

Title P  
Name URBAN, MICHAEL  
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 STERN, JOSHUA  
Address 7363 WEXFORD TERRACE  
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