

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021204

Entity Name: SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.**FILED**
Mar 20, 2014
Secretary of State
CC2477896536**Current Principal Place of Business:**1325 S CONGRESS AVE
SUITE 211 ~ ATT: LOU ROSSMAN
BOYNTON BEACH, FL 33426**Current Mailing Address:**1325 S CONGRESS AVE
SUITE 211 ~ ATT: LOU ROSSMAN
BOYNTON BEACH, FL 33426 US**FEI Number: 65-0736246****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MENKHAUS, DAVID J
1900 GLADES RD
SUITE 401
BOCA RATON, FL 33431 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	6582 NW 33AVE
City-State-Zip:	BOCA RATON FL 33496

Title	P
Name	URBAN, MICHAEL
Address	5801 NW 23 AVE
City-State-Zip:	BOCA RATON FL 33496

Title	D
Name	DOSCH, MARK R
Address	4615 PINE TREE DRIVE
City-State-Zip:	BOYNTON BEACH FL 33436

Title	T&S
Name	BROMER, MATTHEW
Address	11238 MISTY RIDGE WAY
City-State-Zip:	BOYNTON BEACH FL 33437

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	1325 SO. CONGRESS AVE #211
City-State-Zip:	BOYNTON BEACH FL 33426

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

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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: DANIEL MCGUIRE**P****03/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name GACH, BARRY
Address 3233 HARRINGTON DRIVE
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 BROWN, MARK
Address 3159 NW 59 STREET
City-State-Zip: BOCA RATON FL 33496

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