2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# 565549

Entity Name: SONKIN & SAYER MDS, P.A.

Current Principal Place of Business:

% GASTROCARE PATHOLOGY
7390 N.W. 5TH STREET
PLANTATION, FL 33317

New Principal Place of Business:

% GASTROCARE PATHOLOGY
3001 CORAL HILLS DRIVE, SUITE 390
CORAL SPRINGS, FL 33065

Current Mailing Address:

P. O. BOX 15577
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 59-1795323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAYER, BRIAN L
2394 RIVERLANE TERRACE
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: SONKIN, E DAVID
Address: 7390 NW 5TH ST, SUITE 5
City-St-Zip: PLANTATION, FL 33317

Title: VD
Name: SAYER, BRIAN
Address: 2394 RIVERLANE TER.
City-St-Zip: FT LAUDERDALE, FL 33312

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: BRIAN L. SAYER, M.D. VD 02/09/2012

Electronic Signature of Signing Officer or Director — Date