

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 584394

FILED
Jan 03, 2008
Secretary of State

Entity Name: THE G I GROUP OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

16855 NE 2ND AVENUE
SUITE 202
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16855 NE 2ND AVENUE
SUITE 202
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 59-1841456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMAN, RICARDO J M.D.
16855 NE 2ND AVENUE
SUITE 202
N MIAMI BEACH FL, FL 33162 US

Name and Address of New Registered Agent:

ROMAN, RICARDO J M.D.
16855 NE 2ND AVENUE
SUITE 202
NORTH MIAMI BEACH, FL 33162 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

01/03/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROMAN, RICARDO J MD
Address: 16855 NE 2ND AVENUE SUITE 202
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: VP () Delete
Name: NEUSTATER, BRETT R MD
Address: 168 55 NE 2ND AVE. #202
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T () Delete
Name: FELDER, LEWIS R
Address: 16855 NE 2ND AVENUE STE 202
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S () Delete
Name: LAVERGNE, JOSE A
Address: 16855 NE 2ND AVENUE STE 202
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ROMAN, RICARDO J MD
Address: 16855 NE 2ND AVENUE SUITE 202
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP (X) Change () Addition
Name: NEUSTATER, BRETT R MD
Address: 16855 NE 2ND AVENUE SUITE 202
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T (X) Change () Addition
Name: FELDER, LEWIS R
Address: 16855 NE 2ND AVENUE SUITE 202
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S (X) Change () Addition
Name: LAVERGNE, JOSE A
Address: 16855 NE 2ND AVENUE SUITE 202
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOT MCINTOSH

Electronic Signature of Signing Officer or Director

ADM

01/03/2008

Date