2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 601100

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

Current Principal Place of Business:

6140 S.W. 70TH ST
2NF FLOOR
S. MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

GELBER AND COMPANY
11450 INTERCHANGE CIR NORTH
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 59-1263177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAND, BARRY E
6140 SW 70 ST.
2ND FLOOR
S MIAMI, FL 33143 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRAND, BARRY,
Address: 6140 SW 70 ST
City-St-Zip: S MIAMI, FL 33143 US

Title: SD ( ) Delete
Name: LANOFF, ROBERT C.,
Address: 6140 SW 70 ST
City-St-Zip: S MIAMI, FL 33143 US

Title: VD ( ) Delete
Name: SETH, ROSEN
Address: 6140 SW 70 ST
City-St-Zip: S MIAMI, FL 33143 US

Title: D ( ) Delete
Name: ROSENKRANZ, NEIL
Address: 6140 SW 70 ST
City-St-Zip: S MIAMI, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARRY E. BRAND PD 04/26/2005

Electronic Signature of Signing Officer or Director — Date