


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 601100

1. Entry Name
GASTROENTEROLOGY ASSOCIATES OF SOUTH FLORIDA, P.A.



Principal Place of Business 6140 S.W. 70TH ST 2NF FLOOR S. MIAMI, FL 33143	Mailing Address GELBER AND COMPANY 11450 INTERCHANGE CIR NORTH MIRAMAR, FL 33025
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01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1263177	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRAND, BARRY
STREET ADDRESS	6140 SW 70 ST
CITY - ST - ZIP	S MIAMI, FL 33143
TITLE	SD
NAME	LANOFF, ROBERT C.
STREET ADDRESS	6140 SW 70 ST
CITY - ST - ZIP	S MIAMI, FL 33143
TITLE	VD
NAME	SETH, ROSEN
STREET ADDRESS	6140 SW 70 ST
CITY - ST - ZIP	S MIAMI, FL 33143
TITLE	D
NAME	ROSENKRANZ, NEIL
STREET ADDRESS	6140 SW 70 ST
CITY - ST - ZIP	S MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/06/07-80019-024 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry E Brand, MD / SETH D ROSEN, MD / 1/29/07 / 305-666-7521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #