

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601100

FILED  
Jan 15, 2009  
Secretary of State

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:

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

FEI Number: 59-1263177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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 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: MYRNA GUTHERTZ

OM

01/15/2009

Electronic Signature of Signing Officer or Director

Date