

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601100

FILED  
Mar 29, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: BARRY BRAND

PD

03/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date