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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **605155** **(1)**

1. Corporation Name

GASTROENTEROLOGY GROUP OF SOUTH FLORIDA, P.A.

Principal Place of Business	Mailing Address
951 SW 42ND AVENUE. SUITE 302 MIAMI FL 33134	951 SW 42ND AVENUE. SUITE 302 MIAMI FL 33134

3. Date Incorporated or Qualified: **04/29/1974**
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business
21: 5101 S.W. 8 Street
22: Suite, Apt. #, etc.
23: Miami, Florida
24: Zip 33134
25: Country U.S.A.

2a. Mailing Address
26: 5101 S.W. 8 Street
27: Suite, Apt. #, etc.
28: Miami, Florida
29: Zip 33134
30: Country U.S.A.

4. FEI Number: **59-1537728** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ (MOISES E.), M.D.
3661 S. MIAMI AVE. STE #1002
MIAMI FL

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable): 5101 S.W. 8 Street
B3
B4 City: Miami FL B5 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X [signature] DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required for each new listing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	HERNANDEZ (MOISES E.),MD		12 NAME		
STREET ADDRESS	3661 S MIAMI AVE		13 STREET ADDRESS	5101 S.W. 8 Street	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	Miami, FL 33134	
TITLE	SD	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	FERRER, JOSE P.		22 NAME		
STREET ADDRESS	3661 S MIAMI AVE.		23 STREET ADDRESS	5101 S.W. 8 Street	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	Miami, FL 33134	
TITLE	D	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	ALBERTI-FLOR JUAN J.		32 NAME		
STREET ADDRESS	3661 S. MIAMI AVE.		33 STREET ADDRESS	5101 S.W. 8 Street	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	Miami, FL 33134	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 1/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #