FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **637202** **(3)**

1. Corporation Name

SOUTH COUNTY GASTROENTEROLOGY, P.A.

Principal Place of Business	Mailing Address
241 S. NOKOMIS VENICE FL 34285	241 S. NOKOMIS VENICE FL 34285

3. Date Incorporated or Qualified: **09/24/1979**
3a. Date of Last Report: **03/06/1995**

4. FEI Number: **59-1949686** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 — Country: 25	Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent

GROSSBARD, HOWARD A.
241 S. NOKOMIS
VENICE FL 33595

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	GROSSBARD, HOWARD A.,M.D	
STREET ADDRESS	241 S. NOKOMIS AVE.	
CITY-ST-ZIP	VENICE FL	
TITLE	S	☐ DELETE
NAME	GROSSBAND, ILENE	
STREET ADDRESS	241 NOKOMIS AVE.	
CITY-ST-ZIP	VENICE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
1a NAME		
1b STREET ADDRESS		
1c CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
2a NAME		
2b STREET ADDRESS		
2c CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3a NAME		
3b STREET ADDRESS		
3c CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4a NAME		
4b STREET ADDRESS		
4c CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5a NAME		
5b STREET ADDRESS		
5c CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6a NAME		
6b STREET ADDRESS		
6c CITY-ST-ZIP		

14. I do hereby certify that the information supplied in this report voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental amendment 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 with an address.

SIGNATURE: Howard A. Grossbard — HOWARD A. GROSSBARD — 2/12/96 — 941 484 6353

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

CR2E034 (12/95)