

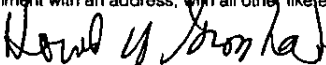


FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 637202 1. Entity Name SOUTH COUNTY GASTROENTEROLOGY, P.A.							
Principal Place of Business 825 VENETIAN PKWY VENICE, FL 34285		Mailing Address 825 VENETIAN PKWY VENICE, FL 34285					
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>							
		<div style="text-align: center;"></div> <div>04112008 No Chg-P CR2E034 (11/05)</div> <table border="1"><tr><td>4. FEI Number 59-1949686</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-1949686	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-1949686	Applied For Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent GROSSBARD, HOWARD A. 825 VENETIAN PKWY VENICE, FL 34285		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		<div style="text-align: right;">000000893973 04/24/08-80009-014 150.00</div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>					
PTD GROSSBARD, HOWARD A., M.D. 825 VENETIAN PKWY VENICE, FL 34285							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
S GROSSBAND, ILENE 825 VENETIAN PKWY VENICE, FL 34285							
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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: 		Date: 4-11-2008 Daytime Phone # PRSS					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							