

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760534 (8)

1. Corporation Name

FLORIDA GASTROENTEROLOGIC SOCIETY, INC.



Principal Place of Business: P.O. BOX 540363 OPA-LOCKA FL 33054
Mailing Address: P.O. BOX 540363 OPA-LOCKA FL 33054

3. Date Incorporated or Qualified: 10/21/1981
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2437228	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**BOUCK, WILLIAM T
18126 NW 61ST PLACE
MIAMI FL 33015**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKIN, JAMIE M	1.2 NAME	Sills, Marcia, MD
STREET ADDRESS	4300 ALTON ROAD	1.3 STREET ADDRESS	2322 NE 53 St.
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33308
TITLE	PED <input type="checkbox"/> DELETE	2.1 TITLE	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILLS, MARCIA M	2.2 NAME	Nord, H. Juergen, MD
STREET ADDRESS	2322 NE 53RD ST	2.3 STREET ADDRESS	4 Columbia Dr. #630
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARDOLL, PETER M	3.2 NAME	
STREET ADDRESS	1609 PASADENA AVE., S., #3-M	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORD, H JUERGEN MD	4.2 NAME	Mamel, Jay J., M.D.
STREET ADDRESS	4 COLUMBIA DR #630	4.3 STREET ADDRESS	Univ of So FL - Box 19
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	12901 N 30 St., Tampa, FL 33612
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Bouck, Bill
STREET ADDRESS		5.3 STREET ADDRESS	18126 NW 61 Pl, Miami, FL 33015
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jay J Mamel* JAY J. MAMEL, M.D. 4-05-96 305-687-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)