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FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33054-0363
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3. Date Incorporated or Qualified 10/21/1981	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2437228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SILLS, MARCIA M	
STREET ADDRESS	2322 NW 53 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORD, H. JUERGEN MD	
STREET ADDRESS	4 COLUMBIA DR #630	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PARDOLL, PETER M	
STREET ADDRESS	1609 PASADENA AVE., S., #3-M	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAMEL, JAY . MD	
STREET ADDRESS	UNIV OF SO FL BOX 199 12901 N 30 ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOUNCK, BILL	
STREET ADDRESS	18126 NW 61 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nord, H. Juergen MD	
1.3 STREET ADDRESS	4 Columbia Dr #630	
1.4 CITY-ST-ZIP	Tampa, FL	
2.1 TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pardoll, Peter MD	
2.3 STREET ADDRESS	1609 Pasadena Ave S #3-M	
2.4 CITY-ST-ZIP	St Petersburg, FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mamel, Jay MD	
3.3 STREET ADDRESS	Univ of So FL Box 199 12901 N 30 St	
3.4 CITY-ST-ZIP	Tampa, FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DeGerome, James H., MD	
4.3 STREET ADDRESS	2708 S Seacrest Blvd	
4.4 CITY-ST-ZIP	Boynton Beach, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bouck, Bill	
5.3 STREET ADDRESS	18126 NW 61 Pl	
5.4 CITY-ST-ZIP	Miami, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Handwritten signatures]* 04-24-97 305-687-1367

CR2E037 (9/96)