

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 08, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-08-1999 90030 027 ****150.00

DOCUMENT # G87018

1. Corporation Name
GASTROENTEROLOGY CONSULTANTS OF BOCA RATON, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 951 N.W. 13TH STREET
 SUITE 2-E
 BOCA RATON FL 33486-2378

Mailing Address
 951 N.W. 13TH STREET
 SUITE 2-E
 BOCA RATON FL 33486-2378

3. Date Incorporated or Qualified 12/23/1983	
4. FEI Number 59-2334717	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
MILLER, LAWRENCE J., ESQ.
1900 CORPORATE BLVD., N.W.
SUITE 108
BOCA RATON FL 33433

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, ROBERT S., M.D.	1.2 NAME	
STREET ADDRESS	951 NW 13TH STREET #2-E	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHEINGOLD, OWEN J MD	2.2 NAME	
STREET ADDRESS	951 NW 13TH ST #2-E	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, HARVEY M., M.D.	3.2 NAME	
STREET ADDRESS	951 NW 13TH STREET #2-E	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALOMON, PETER	4.2 NAME	
STREET ADDRESS	951 N.W. 13 ST., STE. 2E	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/98 (561)-868-3455
 Date Daytime Phone #

CR2E034 (11/98)