2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# G87018

Entity Name: GASTROENTEROLOGY CONSULTANTS OF BOCA RATON, P.A.

Current Principal Place of Business:

951 N.W. 13TH STREET
SUITE 2-E
BOCA RATON, FL 334862378

New Principal Place of Business:

Current Mailing Address:

951 N.W. 13TH STREET
SUITE 2-E
BOCA RATON, FL 334862378

New Mailing Address:

FEI Number: 59-2334717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, LAWRENCE J., ESQ.
2300 GLADES ROAD
SUITE 400 EAST
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FISHMAN, ROBERT S MD	
Address:	951 NW 13TH STREET #2-E	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	D	( ) Delete
Name:	EISNER, TODD MD	
Address:	951 NW 13TH ST #2-E	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	D	( ) Delete
Name:	COHEN, HARVEY M MD	
Address:	951 NW 13TH STREET #2-E	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	D	( ) Delete
Name:	SALOMON, PETER	
Address:	951 N.W. 13 ST., STE. 2E	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	D	( ) Delete
Name:	PROCIA, VITO C MD	
Address:	951 NW 13TH ST #2-E	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	D	( ) Delete
Name:	COHEN, RODNEY S MD	
Address:	951 NW 13TH ST #2-E	
City-St-Zip:	BOCA RATON, FL 33486	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S FISHMAN DR 03/08/2006

Electronic Signature of Signing Officer or Director — Date