


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # J48762	
1. Entity Name BOCA RATON GASTROENTEROLOGY ASSOCIATES, P.A.	

Principal Place of Business 9970 CENTRAL PARK BLVD STE 101 BOCA RATON, FL 33428	Mailing Address 9970 CENTRAL PARK BLVD STE 101 BOCA RATON, FL 33428
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DO NOT WRITE IN THIS SPACE

02292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2752507	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

ROSENTHAL, KENNETH R M.D.
9970 CENTRAL PARK BLVD., SUITE 101
BOCA RATON, FL 33428

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

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	U00000894713 04/24/08-80040-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENTHAL, KENNETH R. 9970 CENTRAL PARK BLVD STE 101 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDVP SALAZAR, YOMTOV 9970 CENTRAL PARK BLVD STE 101 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANK, ALAN 9970 CENTRAL PARK BLVD STE 101 BOCA RATON, FL 33428
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 empowers.

SIGNATURE *Kenneth R. Rosenthal* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date *4-9-08* Daytime Phone # *561-488-2740*