

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K93835

FILED
Jan 22, 2008
Secretary of State

Entity Name: GASTROINTESTINAL CENTER OF HIALEAH, INC.

Current Principal Place of Business:

135 W 49 ST
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

PO BOX 22126
HIALEAH, FL 330022126

New Mailing Address:

FEI Number: 65-0173048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERNANDEZ, ROBERTO
135 WEST 49TH ST
HIALEAH, FL 33012 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: PST () Delete
Name: TORRES, ORLANDO F.,
Address: 11 PALM ISLAND
City-St-Zip: MIAMI BCH, FL 33139

Title: D () Delete
Name: TORRES, ORLANDO F.,
Address: 11 PALM ISLAND
City-St-Zip: MIAMI BCH, FL 33139

Title: D () Delete
Name: RODRIGUEZ, SERGIO M.,
Address: 7999 SW 67TH TR
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: FERNANDEZ, ROBERTO,
Address: 3211 SW 192 AVE
City-St-Zip: MIRIMAR, FL 33029

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:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERTO FERNANDEZ

MD

01/22/2008

Electronic Signature of Signing Officer or Director

Date