

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996, IF THE ANNUAL REPORT IS NOT FILED ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE FOR FILING: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Andrea B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 SEP 11 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M79165 (0)

1. Corporation Name

NORTH PALM BEACH GASTROENTEROLOGY, P.A.

Principal Place of Business

Mailing Address

3365 BURNS ROAD, SUITE #205
PALM BEACH GARDENS FL 33410

3365 BURNS ROAD, SUITE #205
PALM BEACH GARDENS FL 33410

2141 ALT AIA SOUTH SUITE 30
JUPITER FL 33477

2. Principal Place of Business

2a. Mailing Address

21 2141 ALT AIA S.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 130

27

City & State

City & State

23 JUPITER FL

28

Zip

Country

Zip

Country

24 33477

25

29

30

3. Date Incorporated or Qualified

05/03/1988

3a. Date of Last Report

02/20/1995

4. FEI Number

65-0055860

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVEN, JOEL A., M.D.
3365 BURNS RD
S205
PALM BEACH GARDENS FL 33410

CHANGED
(561) 745-9711

81 Name

LEVEN, JOEL A. M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

2141 ALT AIA S. S. 130

83

84 City

JUPITER

FL

85 Zip Code

33477

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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

6/18/96

12. OFFICERS AND DIRECTORS

TITLE

PST

DELETE

NAME

LEVEN JOEL A.

STREET ADDRESS

3365 BURNS RD STE 205

CITY-ST-ZIP

PALM BEACH GARDENS FL

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/18/96 (561) 745-9711