

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029637

FILED
Apr 15, 2008
Secretary of State

Entity Name: CHILDREN'S GASTROENTEROLOGY OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

12989 SOUTHERN BLVD.
SUITE 204
LOXAHATCHEE, FL 33470

New Principal Place of Business:

12959 PALMS WEST DRIVE
SUITE 210
LOXAHATCHEE, FL 33470

Current Mailing Address:

12959 PALMS WEST DRIVE
SUITE 210
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-1087534 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUERRERO, ROBERTO A
12959 PALMS WEST DRIVE
210
LOXAHATCHEE, FL 33470 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: GUERRERO, ROBERTO A M.D.
Address: 12959 PALMS WEST DRIVE SUITE 210
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARLENE GUERRERO, RN OFFICE MANAGER

RN

04/15/2008

Electronic Signature of Signing Officer or Director

Date