2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 30, 2005
Secretary of State

DOCUMENT# P02000016058

Entity Name: ARIEL GASTROENTEROLOGY, P.A.

Current Principal Place of Business:

7100 W 20TH AVE
412
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

12400 SW FIRST COURT
PLANTATION, FL 33325

New Mailing Address:

FEI Number: 02-0549565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OTERO, ARIEL D
12400 SW FIRST COURT
PLANTATION, FL 33325 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: ARIEL D OTERO

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OTERO, ARIEL D
Address: 12400 SW FIRST COURT
City-St-Zip: PLANTATION, FL 33325

Title: V ( ) Delete
Name: OTERO, WILSON N M.D.
Address: 12400 NW 1ST CT
City-St-Zip: PLANTATION, FL 333254506

Title: S ( ) Delete
Name: OTERO, MIRIAM A
Address: 12400 NW 1ST CT
City-St-Zip: PLANTATION, FL 333254506

Title: T ( ) Delete
Name: OTERO, MIRIAM G
Address: 12400 NW 1ST CT
City-St-Zip: PLANTATION, FL 333254506

Title: R ( ) Delete
Name: OTERO, VAN W
Address: 12400 NW 1ST CT
City-St-Zip: PLANTATION, FL 333254506

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIRIAM G OTERO TREA 09/30/2005

Electronic Signature of Signing Officer or Director — Date