


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000054026		
1. Entity Name BOCA RATON GASTROENTEROLOGY CENTER, P.A.		
Principal Place of Business 1000 NW 9 COURT STE 204 BOCA RATON, FL	Mailing Address 1000 NW 9 COURT STE 204 BOCA RATON, FL	



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0836117	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELLMAN, ROBERT L
1000 NW 9 COURT STE 204
BOCA RATON, FL

**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 restate) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELLMAN, ROBERT 1000 NW 9 COURT STE 204 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBIN, JOSHUA H M.D. 7118 VIA MEDITERRANIA BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS-MELLMAN, CHERYL M.D. 17568 E. FIELDBROOK CIRCLE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/05-80070-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.

SIGNATURE: Robert Mellman Robert mellman, md 2/8/05 561-395-5204