

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2006 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**



07082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0836117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000571245
07/19/06-80009-015 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELLMAN, ROBERT 1000 NW 9 COURT STE 204 BOCA RATON, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBIN, JOSHUA H M.D. 7118 VIA MEDITERRANIA BOCA RATON, FL 33496
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS-MELLMAN, CHERYL M.D. 17568 E. FIELDBROOK CIRCLE BOCA RATON, FL 33496
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-06 (561) 395-5204

Date

Daytime Phone #