## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000054026

**FILED** Feb 06, 2009 Secretary of State

Entity Name: BOCA RATON GASTROENTEROLOGY CENTER, P.A. **Current Principal Place of Business: New Principal Place of Business:** 1000 NW 9 COURT STE 204 BOCA RATON, FL 33486 **Current Mailing Address: New Mailing Address:** 1000 NW 9 COURT STE 204 BOCA RATON, FL 33486 FEI Number: 55-0836117 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MELLMAN, ROBERT L 1000 NW 9 COURT STE 204 BOCA RATON, FL 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MELLMAN, ROBERT MELLMAN, ROBERT L Name: Name: 1000 NW 9 COURT STE 204 1000 NW 9 COURT STE 204 Address: Address:

City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL

Title: ( ) Delete Title: () Change () Addition

Name: MOSS-MELLMAN, CHERYL M.D. Name: 17568 E. FIELDBROOK CIRCLE Address: Address: BOCA RATON, FL 33496 City-St-Zip: 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.

Ρ SIGNATURE: ROBERT L. MELLMAN 02/06/2009