FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000057499 (3)**

1. Corporation Name

GASTROENTEROLOGY INSTITUTE OF SOUTH FLORIDA, P.A

Principal Place of Business
% JOSEPH L CARUNCHO ESQ
2600 DOUGLAS RD SUITE 501
CORAL GABLES FL 33134

Mailing Address
% JOSEPH L CARUNCHO ESQ
2600 DOUGLAS RD SUITE 501
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 08/03/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0511963 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOSEPH L CARUNCHO PA
2600 DOUGLAS RD SUITE 501
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BR ☐ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	SOBRADO, JAVIER DR	1.2 NAME	SOBRADO, JAVIER DR.
STREET ADDRESS	4950 SW 8 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	S/D ☒ Change ☐ Addition
NAME	FERNANDEZ, ROBERTO DR	2.2 NAME	FERNANDEZ, ROBERTO DR.
STREET ADDRESS	4950 SW 8 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	VELOSO, ANGEL DR	3.2 NAME	
STREET ADDRESS	4950 SW 8 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	LAGO, VICENTE	4.2 NAME	
STREET ADDRESS	4950 SW 8 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Javier Sobrado — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96 — Date

(305) 270 0402 — Daytime Phone #

CR2E034 (12/95)