2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P97000021204

Entity Name: SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1325 S CONGRESS AVE
SUITE 211
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

1325 S CONGRESS AVE
SUITE 211
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 65-0736246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES RD
SUITE 401
BOCA RATON, FL 33431 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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	DEGEROME, JAMES H	
Address:	1422 S. ATLANTIC DRIVE EAST	
City-St-Zip:	LANTANA, FL 33462 US	
Title:	VD	( ) Delete
Name:	BROWN, MARK	
Address:	3159 N.W. 59TH STREET	
City-St-Zip:	BOCA RATON, FL 33496 US	
Title:	PTD	( ) Delete
Name:	DOSCH, MARK R	
Address:	4615 PINE TREE DRIVE	
City-St-Zip:	BOYNTON BEACH, FL 33436 US	
Title:	SD	( ) Delete
Name:	LOPEZ-TORRES, AUGUSTO	
Address:	3025 SALERNO WAY	
City-St-Zip:	DELRAY BEACH, FL 33445 US	
Title:	VD	( ) Delete
Name:	SHANMUGAM, NIRMALA	
Address:	1325 SO CONGRESS AVE SUITE 211	
City-St-Zip:	BOYNTON BEACH, FL 33426 US	
Title:	VD	( ) Delete
Name:	STRIPPOLI, ANTHONY	
Address:	1325 SO CONGRESS AVE #211	
City-St-Zip:	BOYNTON BEACH, FL 33426 US	

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:	
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 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.

SIGNATURE: MARK R DOSCH PTD 04/28/2006

Electronic Signature of Signing Officer or Director Date