2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90014 004 ***150.00

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1. Entity Name

SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1325 S CONGRESS AVE SUITE 211 BOYNTON BEACH FL 33426 US	1325 S CONGRESS AVE SUITE 211 BOYNTON BEACH FL 33426 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0736246 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENKHAUS, DAVID J 1900 GLADES RD SUITE 401 BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEGEROME, JAMES H 1422 S. ATLANTIC DRIVE EAST LANTANA FL 33462	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P McGUIRE, DANIEL 6582 NW 32 AVE BOCA RATON, FL 33496	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROWN, MARK 3159 N.W. 59TH STREET BOCA RATON FL 33496	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P URBAN, MICHAEL 5801 NW 23 AVE BOCA RATON, FL 33496	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD DOSCH, MARK R 4615 PINE TREE DRIVE BOYNTON BEACH FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOPEZ-TORRES, AUGUSTO 3025 SALERNO WAY DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHANMUGAM, NIRMALA 1325 SO CONGRESS AVE SUITE 211 BOYNTON BEACH FL 33426	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROMER, MATTHEW 11238 MISTY RIDGE WAY BOYNTON BEACH, FL 33437	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STRIPPOLI, ANTHONY 1325 SO CONGRESS AVE #211 BOYNTON BEACH FL 33426	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALALU, JAIME 2150 S. OCEAN BLVD #2E DELRAY BEACH, FL 33483	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 — Date — Daytime Phone #