2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000042309

Entity Name: GASTROENTEROLOGY PARTNERS, P.A.

FILED Feb 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4800 SW 8TH ST 8950 N. KENDALL DR CORAL GABLES, FL 33134

SUITE 306 MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

8950 N. KENDALL DR 4800 SW 8TH ST CORAL GABLES, FL 33134 SUITE 306 MIAMI, FL 33176

FEI Number: 65-0829319 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:

HERNANDEZ, MOISES E HERNANDEZ, MOISES E

4800 SW 8TH ST 8950 N. KENDALL DR CORAL GABLES, FL 33134 US #306 MIAMI, FL 33176 US

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: 02/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete HERNANDEZ, EUGENIO J Name:

4800 SW 8 ST Address: City-St-Zip: CORAL GABLES, FL 33134

Title: DS () Delete

HERNANDEZ, MOISES E Name: 4800 SW 8 ST Address:

CORAL GABLES, FL 33134 City-St-Zip:

() Delete Title: SVP FERRER, JOSE P Name: 4800 SW 8 STREET Address: City-St-Zip: CORAL GABLES, FL 33134

Title: JVP () Delete BEHAR, SIMON Name: Address: **4800 SW 8 STREET** City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition HERNANDEZ, EUGENIO J Name: 8950 N. KENDALL DR #306 Address:

City-St-Zip: MIAMI, FL 33176

Title: DS (X) Change () Addition

HERNANDEZ, MOISES E Name: 8950 N. KENDALL DR. #306 Address:

MIAMI, FL 33176 City-St-Zip:

Title: (X) Change () Addition SVP FERRER, JOSE P Name:

8950 N. KENDALL DR. #306 Address:

City-St-Zip: MIAMI, FL 33176

Title: JVP (X) Change () Addition

BEHAR, SIMON Name: Address: 8950 N. KENDALL DR. #306

City-St-Zip: MIAMI, FL 33176

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.

SIGNATURE: SIMON BEHAR JVP 02/13/2009