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 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000079540
 1. Corporation Name
 GASTROENTEROLOGY & RHEUMATOLOGY ASSOCIATES OF SOUTH FLORIDA, P.A.

Principal Place of Business: 3080 NW 99TH AVENUE SUITE 301 CORAL SPRINGS FL 33065
 Mailing Address: 3080 NW 99TH AVENUE SUITE 301 CORAL SPRINGS FL 33065

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)

FILED
 99 JUL -9 PM 2:52
 SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE
 3. Date incorporated or Qualified: 09/15/1998
 4. FEI Number: 105-0843901
 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
 SILVER, DAVID R M.D.
 3080 NW 99TH AVENUE
 SUITE 301
 CORAL SPRINGS FL 33065

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
	D SILVER, DAVID R M.D. 3080 NW 99TH AVENUE CORAL SPRINGS FL 33065	1.1 TITLE	
	D SILVER, FRANCES S M.D. 3080 NW 99TH AVENUE CORAL SPRINGS FL 33065	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of Block 13 if changed, or on an attachment with an address, with all other firms empowered.

SIGNATURE: David R Silver 2/3/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (11/98)

TS

David R. Silver, M.D.

DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE
BOARD CERTIFIED IN GASTROENTEROLOGY

3080 N.W. 99TH AVENUE
SUITE 301

CORAL SPRINGS, FLORIDA 33065

TEL (954) 755-7991

FAX (954) 752-7210

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7/6/99

To Whom It May Concern:

Enclosed is proof of payment check #2234. Please make note of this as I received notice that this check was late.

Thanking You In Advance.

Sincerely,
David R. Silver