

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024941

Entity Name: SOUTH PALM G.I., P.A.

FILED
Jan 03, 2011
Secretary of State

Current Principal Place of Business:

4675 LINTON BOULEVARD
SUITE 202
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4675 LINTON BOULEVARD
SUITE 202
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0901479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUM, MICHAEL MD
4675 LINTON BOULEVARD
SUITE 202
DELRAY BEACH, FL 33445 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

OFFICERS AND DIRECTORS:

Title: D
Name: BLUM, MICHAEL L M.D.
Address: 4675 LINTON BOULEVARD, STE 202
City-St-Zip: DELRAY BEACH, FL 33445

Title: V
Name: NAUS, MORRIS MD
Address: 4675 LINTON BOULEVARD, STE 202
City-St-Zip: DELRAY BEACH, FL 33445

Title: S
Name: KAPLAN, JONATHAN MD
Address: 4675 LINTON BOULEVARD, STE 202
City-St-Zip: DELRAY BEACH, FL 33445

Title: T
Name: CHONG, JAMES MD
Address: 4675 LINTON BOULEVARD, STE 202
City-St-Zip: DELRAY BEACH, FL 33445

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL BLUM

PRES

01/03/2011

Electronic Signature of Signing Officer or Director

Date