2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # S42448

1. Entity Name

GASTROENTEROLOGY CONSULTANTS OF NORTH BROWARD AND THE NORTH BROWARD CENTER FOR LIVER

Principal Place of Business	Mailing Address
7431 N. UNIVERSITY DRIVE SUITE 201 TAMARAC FL 33321	7431 N. UNIVERSITY DRIVE SUITE 201 TAMARAC FL 33321

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0258099 — Applied For / Not Applied

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
LAVENDER, JOEL R. 2300 EAST LAS OLAS BLVD. SUITE 400 FORT LAUDERDALE FL	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 acc 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 resigning)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☐ Delete		TITLE ☐ Change ☐ Add	
NAME	DIAMOND, KENNETH L. M.D.	NAME	U00000482264
STREET ADDRESS	7431 N UNIVERSITY DR., 201	STREET ADDRESS	04/11/06-80067-022 150.00
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP	
TITLE T ☐ Delete		TITLE ☐ Change ☐ Add	
NAME	BITMAN, STUART MD	NAME	
STREET ADDRESS	7431 N UNIVERSITY DR., 201	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP	
TITLE S ☐ Delete		TITLE ☐ Change ☐ Add	
NAME	ROSS, BARRY MD	NAME	
STREET ADDRESS	7431 N UNIVERSITY DR., 201	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP	
TITLE C ☐ Delete		TITLE ☐ Change ☐ Add	
NAME	ARAI, RONEN MD	NAME	
STREET ADDRESS	7431 N UNIVERSITY DR # 201	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Add	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Add	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 informati 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 direct 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth L. Diamond MD 3/23/06 954-724-590