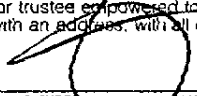


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

|                                                                                                                                                                                                                               |                                                                                                                 |                                                                                                                                             |                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # S42448</b>                                                                                                                                                                                                      |                                                                                                                 |                                                           |                                                                                                                         |
| 1. Entity Name<br><b>GASTROENTEROLOGY CONSULTANTS OF NORTH BROWARD<br/>AND THE NORTH BROWARD CENTER FOR LIVER</b>                                                                                                             |                                                                                                                 |                                                                                                                                             |                                                                                                                         |
| Principal Place of Business<br><b>7431 N. UNIVERSITY DRIVE<br/>SUITE 201<br/>TAMARAC FL 33321</b>                                                                                                                             |                                                                                                                 | Mailing Address<br><b>7431 N. UNIVERSITY DRIVE<br/>SUITE 201<br/>TAMARAC FL 33321</b>                                                       |                                                                                                                         |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                     |                                                                                                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                               |                                                                                                                         |
| City & State                                                                                                                                                                                                                  |                                                                                                                 | City & State                                                                                                                                |                                                                                                                         |
| Zip                                                                                                                                                                                                                           | Country                                                                                                         | Zip                                                                                                                                         | Country                                                                                                                 |
| 6. Name and Address of Current Registered Agent<br><br><b>LAVENDER, JOEL R.<br/>2300 EAST LAS OLAS BLVD.<br/>SUITE 400<br/>FORT LAUDERDALE FL</b>                                                                             |                                                                                                                 | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when requesting)</small> DATE _____                                         |                                                                                                                 |                                                                                                                                             |                                                                                                                         |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May<br>Added to Fee                       |                                                                                                                         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                       |                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | D<br>DIAMOND, KENNETH L. M.D.<br>7431 N UNIVERSITY DR., 201<br>TAMARAC FL 33321 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000482264</b><br><b>04/11/06-80067-022 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | T<br>BITMAN, STUART MD<br>7431 N UNIVERSITY DR., 201<br>TAMARAC FL 33321 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | S<br>ROSS, BARRY MD<br>7431 N UNIVERSITY DR., 201<br>TAMARAC FL 33321 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | C<br>ARAI, RONEN MD<br>7431 N UNIVERSITY DR # 201<br>TAMARAC FL 33321 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |

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:**  **Kenneth L. Diamond, M.D.** **3/23/06** **954-724-590**