2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008
Secretary of State

DOCUMENT# S42448

Entity Name: GASTROENTEROLOGY CONSULTANTS OF NORTH BROWARD AND THE NORTH BROWARD CENTER FOR LIVER DISEASES, P.A.

Current Principal Place of Business:

7431 N. UNIVERSITY DRIVE
SUITE 201
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7431 N. UNIVERSITY DRIVE
SUITE 201
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-0258099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVENDER, JOEL R.
507 SOUTHEAST 11 COURT
FORT LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DIAMOND, KENNETH L., M.D.
Address: 7431 N UNIVERSITY DR., 201
City-St-Zip: TAMARAC, FL 33321

Title: T ( ) Delete
Name: BITMAN, STUART MD
Address: 7431 N UNIVERSITY DR., 201
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Delete
Name: ROSS, BARRY MD
Address: 7431 N UNIVERSITY DR., 201
City-St-Zip: TAMARAC, FL 33321

Title: C ( ) Delete
Name: ARAI, RONEN MD
Address: 7431 N UNIVERSITY DR # 201
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KENNETH DIAMOND D 07/21/2008
Electronic Signature of Signing Officer or Director Date