2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S42448

FILED Mar 31, 2010 Secretary of State

Entity Name: GASTROENTEROLOGY CONSULTANTS OF NORTH BROWARD AND THE NORTH BROWARD CENTER FOR

LIVER DISEASES, P.A.

Current Principal Place of Business: New Principal Place of Business:

7431 N. UNIVERSITY DRIVE 3001 CORAL HILLS DRIVE

SUITE 201 SUITE 250

TAMARAC, FL 33321 CORAL SPRINGS, FL 33064

Current Mailing Address: New Mailing Address:

7431 N. UNIVERSITY DRIVE 3001 CORAL HILLS DRIVE

SUITE 201 SUITE 250

TAMARAC, FL 33321 CORAL SPRINGS, FL 33064

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAVENDER, JOEL R. DIAMOND, KENNETH 507 SOUTHEAST 11 COURT 3001 CORAL HILLS DRIVE

FORT LAUDERDALE, FL 33316 US SUITE 250 CORAL SPRINGS, FL 33065 US

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: KENNETH DIAMOND 03/31/2010

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD

Name: DIAMOND, KENNETH

Address: 3001 CORAL HILLS DRIVE SUITE 250

City-St-Zip: CORAL SPRINGS, FL 33065

Title: MD

Name: BITMAN, STEWART

Address: 3001 CORAL HILLS DRIVE SUITE 250

City-St-Zip: CORAL SPRINGS, FL 33065

Title: MD

Name: ROSS, BARRY

Address: 3001 CORAL HILLS DRIVE SUITE 250

City-St-Zip: CORAL SPRINGS, FL 33065

Title: MD

Name: ARAI, RONEN

Address: 3001 CORAL HILLS DRIVE SUITE 250

City-St-Zip: CORAL SPRINGS, FL 33065

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: KENNETH DIAMOND MD 03/31/2010