

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S81975

FILED
Apr 28, 2010
Secretary of State

Entity Name: SOUTH FLORIDA CENTER OF GASTROENTEROLOGY, P.A.

Current Principal Place of Business:

10115 FOREST HILL BLVD.
100
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

10115 FOREST HILL BLVD., # 100
WELLINGTON, FL 33414

New Mailing Address:

10115 FOREST HILL BLVD.
100
WELLINGTON, FL 33414

FEI Number: 65-0286273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MATTHEW
10115 FOREST HILL BLVD., # 100
SUITE 103
WELLINGTON, FL 33414 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: MATTHEW SMITH, D.O.

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: PD
Name: SMITH, MATTHEW
Address: 10115 FOREST HILL BLVD., STE. 100
City-St-Zip: WELLINGTON, FL 33414

Title: VP
Name: DAVIS, MITCHELL
Address: 10115 FOREST HILL BLVD., STE. 100
City-St-Zip: WELLINGTON, FL 33414

Title: TR
Name: SACKS, STEVEN R
Address: 10115 FOREST HILL BLVD., STE. 100
City-St-Zip: WELLINGTON, FL 33414

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: MATTHEW SMITH, D.O.

PD

04/28/2010

Electronic Signature of Signing Officer or Director

Date