FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V02624** **(7)**

1. Corporation Name
GASTROENTEROLOGY NETWORK ASSOCIATES, INC.

Principal Place of Business
P O BOX 141217
CORAL GABLES FL 33114-8217

Mailing Address
P O BOX 141217
CORAL GABLES FL 33114-8217

3. Date Incorporated or Qualified: 12/27/1991
3a. Date of Last Report: 03/08/1995
4. FEI Number: 65-0302835 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 5101 S.W. 8 St.
Suite, Apt. #, etc
22
City & State
23 Miami, FL
Zip 24 33134 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
ALVAREZ, CESAR L.
1221 BRICKELL AVE
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: Moises E. Hernandez
82 Street Address (P.O. Box Number is Not Acceptable): 5101 S.W. 8 St.
83
84 City: Miami, FL 33 FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE X [signature] Date 1/31/96.

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HERNANDEZ, MOISES E, MD	
STREET ADDRESS	118 MALVA COURT	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	ST	☐ DELETE
NAME	ALBERTI-FLOR, JUAN J. M. D.	
STREET ADDRESS	740 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	☐ DELETE
NAME	FERRER, JOSE P. M. D.	
STREET ADDRESS	8281 LA RAMPA	
CITY-ST-ZIP	CORA GABLES FL	
TITLE	VP	☒ DELETE
NAME	GONZALEX, CECILIO F.	
STREET ADDRESS	6601 SW 48 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 1/31/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date