2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State
03-31-2004 90005 012 ***150.00

DOCUMENT # V34002

1. Entity Name
GASTROENTEROLOGY CARE CENTER, INC.

54024489

Principal Place of Business	Mailing Address
7500 SW 87 AVE #200 MIAMI, FL 33173 US	7500 SW 87 AVE #200 MIAMI, FL 33173 US

03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0405306
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEAVITT, JAMES
7500 SW 87 AVE
#200
MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEAVITT, JAMES
STREET ADDRESS	7500 SW 87 AVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	S
NAME	GUSTAVO, CALLEJA
STREET ADDRESS	7500 SW 87 AVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	T
NAME	ROBASSA, ALFREDO
STREET ADDRESS	7500 SW 87 AVE.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ JAMES LEAVITT, M.D. 03/23/04 305-913-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #