

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V34002

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** GASTROENTEROLOGY CARE CENTER, INC.

**Current Principal Place of Business:**

7500 SW 87 AVE  
#200  
MIAMI, FL 33173 US

**New Principal Place of Business:**

**Current Mailing Address:**

7500 SW 87 AVE  
#200  
MIAMI, FL 33173 US

**New Mailing Address:**

**FEI Number:** 65-0405306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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:** LEAVITT, JAMES  
**Address:** 7500 SW 87 AVE, STE 200  
**City-St-Zip:** MIAMI, FL 33173

**Title:** SD  
**Name:** GUSTAVO, CALLEJA  
**Address:** 7500 SW 87 AVE, STE 200  
**City-St-Zip:** MIAMI, FL 33173

**Title:** TD  
**Name:** RABASSA, ALFREDO  
**Address:** 7500 SW 87 AVE, STE 200  
**City-St-Zip:** MIAMI, FL 33173

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:** JAMES LEAVITT

PR

04/23/2010

Electronic Signature of Signing Officer or Director

Date