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 # V55725 (8)

1. Corporation Name

GASTROENTEROLOGY ASSOCIATES OF SOUTH FLORIDA, IN C.

Principal Place of Business	Mailing Address
4950 S.W. 8TH STREET SUITE 403 CORAL GABLES FL 33134	4950 S.W. 8TH STREET SUITE 403 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 07/31/1992
3a. Date of Last Report: 11/06/1995
4. FEI Number: 65-0349067 ☐ 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	2a. Mailing Address
21 1100 SW 57 ave	26 1100 SW 57 ave
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl	City & State 28 Miami, Fl
Zip 24 33144 Country 25 Dade	Zip 29 33144 Country 30 DADE

9. Name and Address of Current Registered Agent

CARUNCHO & MUR, P.A.
2600 DOUGLAS ROAD
SUITE 501
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☑ DELETE	1.1 TITLE	P ☑ Change ☐ Addition
NAME	LAGO, MD V		1.2 NAME	Vicente LAgo
STREET ADDRESS	4950 SW 8TH STREET, STE. 403		1.3 STREET ADDRESS	1100 SW 57 ave
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Miami, Fl 33144
TITLE	ST	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VENTO, MD O		2.2 NAME	
STREET ADDRESS	4100 NW 9TH STREET, STE. 200		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Lago, MD, V. (ERROR)		3.2 NAME	
STREET ADDRESS	1100 SW 57 ave, Miami, Fl 33144		3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 annual 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: Vicente Lago — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (Date) 305-2659885 (Daytime Phone #)

CR2E034 (12/95)