

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S81975

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

**Current Principal Place of Business:**

1447 MEDICAL PARK BLVD  
SUITE 205  
WELLINGTON, FL 33414

**Current Mailing Address:**

1447 MEDICAL PARK BLVD  
SUITE 205  
WELLINGTON, FL 33414

**FEI Number:** 65-0286273

**Certificate of Status Desired:** No

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

SMITH, MATTHEW  
1447 MEDICAL PARK BLVD  
SUITE 205  
WELLINGTON, FL 33414 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SMITH, MATTHEW  
Address 1447 MEDICAL PARK BLVD SUITE 205  
City-State-Zip: WELLINGTON FL 33414

Title VP  
Name DAVIS, MITCHELL  
Address 1447 MEDICAL PARK BLVD SUITE 205  
City-State-Zip: WELLINGTON FL 33414

Title TR  
Name SACKS, STEVEN R  
Address 1447 MEDICAL PARK BLVD SUITE 205  
City-State-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 J. SMITH

PD

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date