

2017 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

02/28/2017

Electronic Signature of Signing Officer/Director Detail

Date