

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 641030	
1. Entity Name DIGESTIVE DISEASE CONSULTANTS OF SOUTH FLORIDA, P.A.	

Principal Place of Business 5601 NORTH DIXIE HWY #306 FT. LAUDERDALE, FL 33334 US	Mailing Address 5601 NORTH DIXIE HWY 306 FT. LAUDERDALE, FL 33334 US
---	--

DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1936345	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**QUENTZEL, DR., PAUL S.
5601 NORTH DIXIE HIGHWAY #306
FT. LAUDERDALE, FL 33334**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

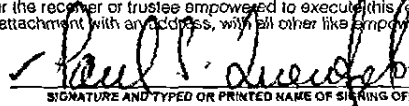
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS QUENTZEL, DR. PAUL S 5601 N. DIXIE HWY. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SACKEL, STEPHEN G. 5601 N DIXIE HWY FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SONDERLING, HOWARD R. 5601 N DIXIE HWY FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000418387
02/14/06-80005-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Dr. Paul S. Ouentzel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/26/06** **9541491330**
Daytime Phone #