

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 693217 (2)

95 FEB 24 PM 4:17

1. Corporation Name
DIGESTIVE DISEASES ASSOCIATES, P.A.

Principal Place of Business Mailing Address
**825 CENTURY MEDICAL DR.
TITUSVILLE FL 32796**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/30/1981** 3a. Date of Last Report **03/07/1994**
4. FEI Number **59-2099534** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**SCHUMAN MD, ELLIOT
825 CENTURY MEDICAL DR.
TITUSVILLE FL 32796**

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 then if applicable:

Registered Agent Signature Required Agent Registration

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHUMAN, ELLIOT, MD
STREET ADDRESS	825 CENTURY MEDICAL DR.
CITY, ST, ZIP	TITUSVILLE FL
TITLE	S
NAME	SCHUMAN, RHONDA
STREET ADDRESS	825 CENTURY MEDICAL DR.
CITY, ST, ZIP	TITUSVILLE FL
TITLE	VPD
NAME	BALSAM, PETER E
STREET ADDRESS	3870 PINETOP BLVD
CITY, ST, ZIP	TITUSVILLE FL
TITLE	VPD
NAME	RYLANDER, WILLIAM F
STREET ADDRESS	1226 RIVERSIDE DR
CITY, ST, ZIP	TITUSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 199.03(4), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Schuman
B. Schuman

2/15/95

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