

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 693217 (2)
1. Corporation Name
DIGESTIVE DISEASES ASSOCIATES, P.A.



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

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip	
Suite, Apt. #, etc.		City & State		Zip		Country		Country	

3. Date Incorporated or Qualified	3a. Date of Last Report
06/30/1981	02/24/1995
4. FET Number	Applied For
59-2099534	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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHUMAN MD, ELLIOT 825 CENTURY MEDICAL DR. TITUSVILLE FL 32796				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	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: _____ (NOTE: Registered Agent's signature must be typed and printed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMAN, ELLIOT, MD	1.2 NAME	
STREET ADDRESS	825 CENTURY MEDICAL DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	TITUSVILLE FL	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMAN, RHONDA	2.2 NAME	
STREET ADDRESS	825 CENTURY MEDICAL DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	TITUSVILLE FL	2.4 CITY- ST- ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALSAM, PETER E	3.2 NAME	
STREET ADDRESS	3870 PINETOP BLVD	3.3 STREET ADDRESS	
CITY- ST- ZIP	TITUSVILLE FL	3.4 CITY- ST- ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYLANDER, WILLIAM F	4.2 NAME	
STREET ADDRESS	1226 RIVERSIDE DR	4.3 STREET ADDRESS	
CITY- ST- ZIP	TITUSVILLE FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sandra Schuman 3/22/96 472690747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Time, Phone #

CR2E034 (12/95)