

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



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

3. Date Incorporated or Qualified 06/30/1981	3a. Date of Last Report 02/24/1995
4. FEI Number 59-2099534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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

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 title if applicable

(NOTE: Registered Agent's signature must be typed and dated)

DATE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

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