FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J54198** **(3)**

1. Corporation Name
DIGESTIVE HEALTH SPECIALISTS, P.A.

Principal Place of Business
23 BARKLEY CIRCLE
FT. MYERS FL 33907
US

Mailing Address
23 BARKLEY CIRCLE
FT. MYERS FL 33907
US

3. Date Incorporated or Qualified **02/01/1987**

3a. Date of Last Report **01/25/1995**

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

4. FEI Number **59-2757380** ☐ 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

9. Name and Address of Current Registered Agent

PENUEL, JAMES W., JR., M.D.
23 BARKLEY CIRCLE
FT MYERS FL 33907

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 607.0504 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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP	☐ Change ☐ Addition
DP **PENUEL, JAMES W., JR.** **23 BARKLEY CIRCLE** **FT MYERS FL 33907**		~~DS~~ ~~O'KONSKI, MARK S~~	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP	☐ Change ☒ Addition
		DS O'KONSKI, MARK S. 23 BARKLEY CIRCLE FT MYERS, FL 33907	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP	☐ Change ☒ Addition
		DT YUDELMAN, PAUL L. 23 BARKLEY CIRCLE FORT MYERS, FL 33907	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP	☐ Change ☐ Addition

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] 1/21/96 ✓ 941-939-9939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)