FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

95 MAY -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L92842** **(8)**

1. Corporate Name

PALM BEACH CENTER FOR DIGESTIVE DISEASES, INC.

Principal Place of Business

9121 N MILITARY TRAIL SUITE 208
PALM BEACH GARDENS FL 33410

Mailing Address

9121 N MILITARY TRAIL SUITE 208
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/27/1990**

3a. Date of Last Report: **08/01/1994**

2. Principal Place of Business — 21

Suite Apt. # — 22

City & State — 23

24 25

Mailing Address — 26

Suite Apt. # — 27

City & State — 28

29 30

4. FEI Number: **65-0214992**

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 paid, or is exempt from paying, the Intangible Tax required by Chapter 607.1901 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHEINERT, SHELDON
9121 N MILITARY TRAIL SUITE 208
PALM BEACH GARDENS FL 33410

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 Section 607.0505 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. The change are 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHEINERT, SHELDON
STREET ADDRESS	10 SHELDRAKE LN
CITY, ST, ZIP	PALM BCH GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I hereby certify that the information indicated on the annual report, including any changes, is true and accurate and that my signature shall constitute the same legal effect as if made under oath; that I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attached amendment, or on an attached addendum.

SIGNATURE: Sheldon Scheinert 4/28/95 407-775-8009

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

Sheldon Scheinert, Director

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