

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 08:00 AM
Secretary of State

DOCUMENT # P93000027021

1. Entity Name
 DIGESTIVE DISEASE ASSOCIATES OF SOUTH FLORIDA, P.A.

Principal Place of Business
 7421 NORTH UNIVERSITY DR.
 SUITE 307
 TAMARAC FL 33321

Mailing Address
 7421 NORTH UNIVERSITY DR.
 SUITE 307
 TAMARAC FL 33321

2. Principal Place of Business
 7475 NORTH UNIVERSITY DR.

3. Mailing Address
 7475 NORTH UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 TAMARAC FL

City & State
 TAMARAC FL

4. FEI Number
65-0402959
 Applied For
 Not Applicable

Zip Country
 33321

Zip Country
 33321

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATZ NICHOLAS C
 7421 N. UNIVERSITY DR.
 #307
 TAMARAC FL 33321

Name
 KATZ NICHOLAS C
 Street Address (P.O. Box Number is Not Acceptable)
 7475 NORTH UNIVERSITY DR.
 City TAMARAC FL Zip Code 33321

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **04/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER JEFFREY H 7475 N. UNIVERSITY DR. TAMARAC FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUCHS SCOTT M 7475 N. UNIVERSITY DR. TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEUTSCH EDWARD S 7475 N. UNIVERSITY DR. TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ NICHOLAS C 7475 N. UNIVERSITY DR. TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY H. SCHNEIDER D Date 04/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)