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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 641030 (2)
1. Corporation Name
DIGESTIVE DISEASE CONSULTANTS OF SOUTH FLORIDA,
P.A.



Principal Place of Business Mailing Address
5601 NORTH DIXIE HWY 5601 NORTH DIXIE HWY
#306 306
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334-4191
US US

3. Date Incorporated or Qualified 09/17/1979 3a. Date of Last Report 04/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1936345	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	29	30	

9. Name and Address of Current Registered Agent

QUENTZEL, DR., PAUL S.
5601 NORTH DIXIE HIGHWAY #306
FT. LAUDERDALE FL 33334

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

Paul S. Quentzel President
Signature of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating)

DATE 1/8/96

12. OFFICERS AND DIRECTORS

TITLE PS	DELETE
NAME QUENTZEL, DR. PAUL S	
STREET ADDRESS 5601 N. DIXIE HWY.	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE VT	DELETE
NAME SACKEL, STEPHEN G.	
STREET ADDRESS 5601 N DIXIE HWY	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE S	DELETE
NAME SONDERLING, HOWARD R.	
STREET ADDRESS 5601 N DIXIE HWY	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

Paul S. Quentzel President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 (954) 4913301
Date Daytime Phone #

CR2E034 (9/96)