## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

1. Corporation Name DIGESTIVE DISEASE CONSULTANTS OF SOUTH FLORIDA

P.A.	E DIOLAGE CONGOLIA	1410 O1 000111 I E011	11073						
Principal Place of	Business	Mailing Address		_		- I TORRID BILLY DEADY ANDLY DEADE ANDLY ORDER OF BUILDING DIGHT			
5601 NORTH DIX	IE HWY	5601 NORTH DIXIE HW	M						
#306 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334			0004			DO NOT WRITE IN THIS SPACE			
F1. LAUDERDALE US	: PL 33334	FT. LAUDERDALÉ FL 33334 US				3. Date Incorporated or Qualified			
						09/17/1979			
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number	Applied		
1		26				59-1936345	Not App		
Suite, Apt. #, 6	otc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>8.75</b> Addition Fee Require	-	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fee		
Zip	Country	Ζιρ	Cour	ntry		8. This corporation owes or has paid the current	,		
4	25	29	30			Personal Property Tax due June 30.			
	Name and Address of Curre	ant Registered Agent				10. Name and Address of New Registered Age	<u>nt</u>		
Quentzel, Dr., Paul S.				81	Name				
5601 NORTH DIXIE HIGHWAY #306			ļ.	82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
FT. LA	NUDERDALE FL 33334		-	_					
			1	83					
				84	City	FL <sup>8</sup>	5 Zip Code		
SIGNATURE	ne provisions of Sections 607.05 stered agent, or both, injury Statement and with And accept the obtained from the provision of the obtained from the provision of the control of the cont	well P	resile	w	*	oration submits this statement for the purpose of chapital on's board of directors. I hereby accept the appoint the appointment of the purpose of the appointment of the purpose of the appointment of the purpose of th	anging its registered as register	istered tered	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN	12	
	PS	☐ DELETE	1.1 TITU	ιE				Addition	
NAME	QUENTZEL, DR. PAUL S		1.2 NA	ME					
			1.3 STF	1.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL	RDALE FL		1.4 CITY - ST - ZIP					
	VT			2.1 TITLE			Change	Additio	
NAME :	Sackel, Stephen G.	2.3		2.2 NAME					
STREET ADDRESS	5601 N DIXIE HWY	2.3:		2.3 STREET ADDRESS					
CITY-ST-ZIP	ft lauderdale fl	2. 4		2. 4 CITY-ST-ZIP					
TITLÉ	8			TITLE			Change	Addition	
NAME (	<b>SONDERLING, HOWARD R.</b>		3.2 NAN	ME					
STREET ADDRESS	PARA AL BURNE LHADA		3 3 STR	3 3 STREET ADDRESS					
	FT LAUDERDALE FL		3 4. CIT	Y- \$1	T-ZIP	•			
TITLE		DELETE	4 1 7011				Change .	Addition	

64 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 empoweres to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, of an allachness with an address.

4 1 THLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 26 1998 8:00am

Secretary of State

Change

Change

Addition

Addition