

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # 641030

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



Principal Place of Business

**5601 NORTH DIXIE HWY
#306
FT. LAUDERDALE, FL 33334 US**

Mailing Address

**5601 NORTH DIXIE HWY
306
FT. LAUDERDALE, FL 33334 US**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1936345

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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02/28/07-80057-026 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #