

# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90129 038 \*\*\*150.00

<b>DOCUMENT # 655156</b> 1. Entity Name <b>PETER M. PARDOLL, M.D., P.A.</b> <b>CENTER FOR DIGESTIVE DISEASES, PA</b>					
Principal Place of Business <b>1609 PASADENA AVENUE SOUTH</b> <b>SUITE 3M</b> <b>ST. PETERSBURG FL 33707</b>			Mailing Address <b>1609 PASADENA AVENUE SOUTH</b> <b>SUITE 3M</b> <b>ST. PETERSBURG FL 33707</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>59-1969190</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARDOLL, PETER M., M.D.</b> <b>1609 PASADENA AVENUE SOUTH</b> <b>SUITE 3M</b> <b>ST. PETERSBURG FL 33707</b>			7. Name and Address of New Registered Agent Name <b>Sheldon L. Scheinert, MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1609 Pasadena Avenue South</b> Suite #3M City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33707</b>		
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 <i>Sheldon L. Scheinert</i> <b>4/1/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARDOLL, PETER M 1609 PASADENA AVENUE S ST. PETERSBURG FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SCHEINERT, SHELDON L M.D. 1609 PASADENA AVENUE SOUTH #3M SAINT PETERSBURG FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Ernst Bontemps, MD 2609 Pasadena Avenue South, #3M St. Petersburg, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Ernst Bontemps, MD 2609 Pasadena Avenue South, #3M St. Petersburg, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sheldon L. Scheinert</i> <b>4/1/05</b> <b>727-384-2016</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					