

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2011
Secretary of State

Entity Name: CENTER FOR DIGESTIVE DISEASES, P.A.

Current Principal Place of Business:

1609 PASADENA AVENUE SOUTH
SUITE 3M
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

1609 PASADENA AVENUE SOUTH
SUITE 3M
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 59-1969190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHEINERT, SHELDON L
1609 PASADENA AVENUE SOUTH
SUITE 3M
ST. PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: SCHEINERT, SHELDON L
Address: 1609 PASADENA AVENUE SOUTH #3M
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VSD
Name: BONTEMPS, ERNST
Address: 1609 PASADENA AVENUE SOUTH #3M
City-St-Zip: SAINT PETERSBURG, FL 33707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHELDON L SCHEINERT

PRES

04/08/2011

Electronic Signature of Signing Officer or Director

Date