


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90037 036 \*\*\*150.00

<b>DOCUMENT # 673124</b> 1. Entity Name NORTH COUNTY CENTER FOR DIGESTIVE HEALTH, INC.	
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Principal Place of Business 1002 S OLD DIXIE HWY STE 201 JUPITER, FL 33458 US	Mailing Address 1002 S OLD DIXIE HWY STE 201 JUPITER, FL 33458 US
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01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2002209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  KOERNER, ROGER S. 135 QUAYSIDE JUPITER, FL 33477
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**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAUB, SHELDON J. 103 QUAYSIDE JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOERNER, ROGER S. 135 QUAYSIDE JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLAXMAN, MITCHELL S 114 SANTANDER DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXSON, M.D., CHESTER J 101 MAKO LN. JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, BERNARD M.D. 6646 WOOD LAKE ROAD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: X Sheldon J Taub X 1/22/04 X 561-744-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #