2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# 673124

Entity Name: NORTH COUNTY CENTER FOR DIGESTIVE HEALTH, INC.

Current Principal Place of Business:

1002 S OLD DIXIE HWY
STE 201
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

1002 S OLD DIXIE HWY
STE 201
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 59-2002209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOERNER, ROGER S.
135 QUAYSIDE
JUPITER, FL 33477 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: STD
Name: TAUB, SHELDON J.
Address: 103 QUAYSIDE
City-St-Zip: JUPITER, FL

Title: PD
Name: KOERNER, ROGER S.
Address: 135 QUAYSIDE
City-St-Zip: JUPITER, FL

Title: VD
Name: FLAXMAN, MITCHELL S
Address: 114 SANTANDER DRIVE
City-St-Zip: JUPITER, FL 33458

Title: D
Name: MAXSON, M.D., CHESTER J
Address: 101 MAKO LN.
City-St-Zip: JUPITER, FL 33477

Title: D
Name: STEIN, BERNARD M.D.
Address: 6646 WOOD LAKE ROAD
City-St-Zip: JUPITER, FL 33458

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: TAUB, SHELDON J. STD 04/29/2011
Electronic Signature of Signing Officer or Director Date