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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F51538

1. Corporation Name

The Clinic for Digestive Diseases & Endoscopy, P.A.

Principal Place of Business

Mailing Address

3615 Central Avenue  
Suite 5  
Fort Myers, FL 33901

3615 Central Avenue  
Suite 5  
Fort Myers, FL 33901

3. Date Incorporated or Qualified

10/31/81

3a. Date of Last Report

2/96

2. Principal Place of Business

2a. Mailing Address

21 665 Del Prado Blvd.

26 665 Del Prado Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1

27 Suite 1

City & State

City & State

23 Cape Coral, FL

28 Cape Coral, FL

Zip Country

Zip Country

24 33990

25 Lee

29 33990

30 Lee

4. FEI Number

59-2123209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Vogtland, H.D.  
18024 San Carlos Blvd., #76  
Fort Myers Beach, FL 33931

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sign at the typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME Vogtland, H.D.  
STREET ADDRESS 18024 San Carlos Blvd., #76  
CITY-ST-ZIP Ft. Myers Beach, FL 33931

1.1 TITLE VP ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME Wolper, J.C.  
STREET ADDRESS 13201 Ponderosa Way  
CITY-ST-ZIP Fort Myers, FL 33907

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME Petersen, J.M.  
STREET ADDRESS 14988 Bonaire Circle, SW  
CITY-ST-ZIP Fort Myers, FL 33908

3.1 TITLE ST ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME Harris, H.S.  
STREET ADDRESS 22 Catalpa Court  
CITY-ST-ZIP Fort Myers, FL 33919

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME William R. Kelth, Jr.  
STREET ADDRESS 13661 Admiral Court  
CITY-ST-ZIP Fort Myers, FL 33912

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

(941)772-3800

CR2E034 (9/96)