2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 MAR 17 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J22167

1. Entity Name
SARASOTA CENTER FOR DIGESTIVE DISEASES, P.A.

Principal Place of Business	Mailing Address
% CHARLES J. LOEWE 1217 EAST AVE. S., #301 SARASOTA, FL 34239	% CHARLES J. LOEWE 1217 EAST AVE. S., #301 SARASOTA, FL 34239

03142005 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-2686016 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOEWE, CHARLES J 1217 EAST AVE. S. SUITE 301 SARASOTA, FL 34239	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Charles Loewe MD
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP LOEWE, CHARLES J. 3325 S. TAMIAMI TRAIL SARASOTA, FL 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800049904308 04/05/05--01045--008 **900.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD BADII, CYRUS A 3325 S. TAMIAMI TRAIL SARASOTA, FL 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Charles Loewe MD 03/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #