

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K26071 (6)**

1. Corporation Name  
**DIGESTIVE DISEASE CONSULTANTS, P.A.**



Principal Place of Business: **661 E ALTAMONTE DR SUITE 321 ALTAMONTE SPRINGS FL 32701**  
Mailing Address: **661 E ALTAMONTE DR SUITE 321 ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified: **06/09/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2894914**  
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

2. Principal Place of Business: **661 E. ALTAMONTE DRIVE SUITE 325 ALTAMONTE SPRING, FL. 32701**  
2a. Mailing Address: **661 E. ALTAMONTE DRIVE SUITE 325 ALTAMONTE SP., FL. 32701**  
24. Zip: **32701** 25. Country: **U.S.A.**  
26. Zip: **32701** 27. Country: **U.S.A.**

9. Name and Address of Current Registered Agent: **LEBIODA, DAVID H. MD 4024 W DANBY CT WINTER SPRINGS FL 32708**  
10. Name and Address of New Registered Agent: **KATZ, BARRY R. MD 3083 TOKITA COVE LONGWOOD, FL. 32779**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering.)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>LEBIODA, DAVID H. MD</b>              | 1.2 NAME  | <b>KATZ, BARRY R. MD</b>  |
| STREET ADDRESS             | <b>4024 W DANBY COURT</b>                | 1.3 STREET ADDRESS                                    | <b>3083 TOKITA COVE</b>   |
| CITY-ST-ZIP                | <b>WINTER SPRINGS FL</b>                 | 1.4 CITY-ST-ZIP                                       | <b>LONGWOOD, FL. 32779</b>  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>STRAKER, RICHARD J. MD</b>            | 2.2 NAME  |   |
| STREET ADDRESS             | <b>721 GLEN EAGLE DR</b>                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WINTER SPRINGS FL</b>                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *David H. Lebioda* 1/17/96 407-830-8661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)