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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jan 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

**DOCUMENT # K26071** 

(6)

1. Corporation Name DIGESTIVE DISEASE CONSULTANTS.  Principal Place of Business 661 E. ALTAMONTE DRIVE SUITE 325 ALTAMONTE SPINGS FL 32701 US		P.A.  Mailing Address  661 E. ALTAMONTE DRIVE SUITE 325 ALTAMONTE SPRINGS FL 32701-5103								
		US			3. Date incorp 06/09/19	orated or Qualified		ite of Last Ri <b>22/1996</b>	eport	
2. Principal Place of Business		2a. Mailing Addres	ss			4. FEI Number		1 017		polied For
21		26				59-2894	1914	*	No	t Applicable
Suito, Apt. #, etc.		Suite, Apt. #, 6	etc.			5. Certificate of	of Status Desired		\$8.75	
22 City & State		City & State				·			Fee Re	***************************************
23	ŀ	28				Trust Fund (	mpaign Financing		\$5.00 Added 1	
	untry	Zip		Country			ation has liability fo			
25		29	30			Florida Statu	utes	Yes [	No	
9. Name and A	dress of Current R	egistered Agent				10. Name and	Address of New R	legistered /	Agent	
Lebioda, David H.	MD			81	Name					
4024 W DANBY CT			82 Street		Address (P.O. Box Num	ber is Not Accepta	able)	***************************************		
WINTER SPRINGS F	. 32708			63				<u></u>		<del></del> ,
				84	City			FL	85 Zip (	Code
Pursuant to the provisions of office or registered agent, or agent. Lac familiar with and.	Sections 607.0502 at both, in the State of flace entitle obligation	nd 607.1508, Florida Florida, Such chang as of Section 607.0	a Statutes, the e was authors	he above orized by	-named the corp	corporation submits thi location's board of direc	s statement for the ctors. I hereby acco	purpose of ept the app	ointment as	registered
SIGNATURE Specific specific pents	name of register is agent an	nd fille if applicable.	(NOTE Reg	gistered Ager		required when reinstating)		DATE		
SIGNATURE		nd fille if applicable.	(NOTE Reg			required when reinstating)	s statement for the ctors. I hereby acco	DATE		RS IN 12
SIGNATURE Signature type disciplinate  12.  If If D	name of registring agent an OFFICERS AND D	ed sile it applicable. DIRECTORS	(NOTE Reg	gislered Ager		required when reinstating)		DATE	DIRECTOR	RS IN 12
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SIGNATURE STREET ADDRESS SIGNATURE STRAKER, RICE STREET ADDRESS STRAKER, RICE 721 GLEN EAC	OFFICERS AND D  D H. MD  COURT GS FL  HARD J. MD	ora bile if applicable. DIRECTORS	(NOTE Fieg	13. 1.1 THUE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 THUE 2.2 NAME 2.3 STREET /	ADDRESS	tequired when reinstaling) ADDITIONS/0	CHANGES TO OFF	DATE	DIRECTOR Change	RS IN 12 Addition
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TITLE D  NAME LEBIODA, DAV  STREET ACCRESS WINTER SPRIN  TITLE D  NAME STRAKER, RIC  STREET ADDRESS 721 GLEN EAC  CITY-S1-7-P WINTER SPRIN  PILE D	OFFICERS AND D  D H. MD  COURT GS FL  HARD J. MD  LE DR  GS FL	og ulle il applicable.  DRE CTORS  DEU  DEU	(NOTE FIG ETE	13. 1.1 THUE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 THUE 2.2 NAME 2.3 STREET /	ADDRESS	tequired when reinstaling) ADDITIONS/0	CHANGES TO OFF	DATE ICERS AND	DIRECTOR Change	RS IN 12 Addition
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