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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K26071**

1. Corporation Name

DIGESTIVE DISEASE CONSULTANTS, P.A.

		-,										
Principal Place	e of Business	Ma	iling Address				_		(8161 (888) 113	11 ((11) (11)	MINIT #1011 1	91911 4 1811 1 3 01
661 E. ALTAMONTE DRIVE		661	661 E. ALTAMONTE DRIVE									
SUITE 925		SUITE 325				DO NOT WRITE IN THIS SPACE						
ALTAMONTE SPINGS FL 32701 US		ALTAMONTE SPRINGS FL 32701 US				3. Date Incorporated or Qualifed						
03		US						06/09/1988	JCG			
2. Principal P	lace of Business	2a.	Mailing Address					4. FEI Number			∢ Ap	plied For
—	ideo (il buolinoso	26						59-2894914			\rightarrow	ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				_			-	\$8.75	Additional
22	·	27	,					5. Certifcate of Status Desir	red 🗌		Fee Re	equired
City & State			City & State					6. Election Campaign Finar	ncing		\$5.00	May Be
23		28						Trust Fund Contribution			Added	to Fees
Zip	Country		Zip	Col	untry	1		8. This corporation owes the	e current y			_
24	25	29		30				Personal Property Tax.			Yes	□N₀
	9. Name and Address of Current	t Regist	ered Agent		ļ.,			10. Name and Address of I	New Regis	tered Ag	jent	
. ==.					81	N.	ame					
	ODA, DAVID H. MD				82	S	treet Addre	ess (P.O. Box Number is Not A	cceptable)			
	W DANBY CT							<u> </u>				
AAIN	TER SPRINGS FL 32708				83							ļ
					84	С	ity				85 Zip (Code
							·			FL		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 60	7.1508, Florida Statut	es, the a	above	e-na the	med corpo	oration submits this statement for n's hoard of directors. I hereby	or the purp accept the	ose of ch	anging its nent as re	registered gistered
agent. I a	m familiar with, and accept the obligati	ions of,	Section 607.0505, Flo	rida Sta	tutes.	i.	obi poratio	no poure or ancerers incressy				
SIGNATURE												
SIGNATURE	Signature, typed or printed name of registered agent						nature required	when reinstating)		ATE	DIRECTO	DS IN 12
12.	OFFICERS AND		CTORS	13.			nature required	when reinstating) ADDITIONS/CHANGES T		RS AND		
12.	OFFICERS AND			13. 1.1 T	TTLE		beniuper erutsc			RS AND	DIRECTO Change	DRS IN 12
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14. 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 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 trystee 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, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR