FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L29214** **(8)**

1. Corporation Name
ASSOCIATES IN DIGESTIVE DISEASES, INC.

Principal Place of Business	Mailing Address
4501 TAMIAMI TRL N STE 300 NAPLES FL 33940 US	4501 TAMIAMI TRL N STE 300 NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/08/1989
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0149846 ☐ 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 C. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, KIMBERLY LEACH
4501 TAMIAMI TRL N
STE 300
NAPLES FL 33940

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☑ Change ☐ Addition
NAME	SPANO, JOSEPH D.	12 NAME	SPANO, JOSEPH D.	
STREET ADDRESS	150 N. TAMIAMI TRAIL	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	DELETE	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HUSSEY, KEITH P.	22 NAME		
STREET ADDRESS	150 N. TAMIAMI TRAIL	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	D	☐ Change ☑ Addition
NAME		32 NAME	WIESEN SCOTT L	
STREET ADDRESS		33 STREET ADDRESS	150 N. TAMIAMI TR	
CITY-ST-ZIP		34 CITY-ST-ZIP	NAPLES FL	
TITLE		41 TITLE	D	☐ Change ☑ Addition
NAME		42 NAME	MECK STROTH STEVEN	
STREET ADDRESS		43 STREET ADDRESS	150 N. TAMIAMI TR	
CITY-ST-ZIP		44 CITY-ST-ZIP	NAPLES FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Keith Hussey KEITH P. HUSSEY 4-21-95 813-263-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0324963 CP