


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000116953  
 1. Entity Name  
 THE INSTITUTE FOR DIGESTIVE DISORDERS, INC.



Principal Place of Business      Mailing Address  
 1325 SOUTH CONGRESS AVENUE, SUITE 211      1325 SOUTH CONGRESS AVENUE, SUITE 211  
 BOYNTON BEACH, FL 33426      BOYNTON BEACH, FL 33426



01202004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 01-0751922      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MENKHAUS, DAVID J  
 2424 NORTH FEDERAL HIGHWAY, SUITE 456  
 BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEGEROME, JAMES H 1325 SOUTH CONGRESS AVENUE, SUITE 211 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, MARK 1325 SOUTH CONGRESS AVENUE, SUITE 211 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOSCH, MARK 1325 SOUTH CONGRESS AVENUE, SUITE 211 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILGRIM, RICHARD 1325 SOUTH CONGRESS AVENUE, SUITE 211 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WELCH, PATRICK 1325 SOUTH CONGRESS AVENUE, SUITE 211 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ-TORRES, AUGUSTO 1325 SOUTH CONGRESS AVENUE, SUITE 211 BOYNTON BEACH, FL 33426

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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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR