

**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

1325 SOUTH CONGRESS AVENUE, SUITE 211
BOYNTON BEACH, FL 33426

Mailing Address

1325 SOUTH CONGRESS AVENUE, SUITE 211
BOYNTON BEACH, FL 33426



01202004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0751922

Applied For

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

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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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D
NAME DEGEROME, JAMES H
STREET ADDRESS 1325 SOUTH CONGRESS AVENUE, SUITE 211
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE D
NAME BROWN, MARK
STREET ADDRESS 1325 SOUTH CONGRESS AVENUE, SUITE 211
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE D
NAME DOSCH, MARK
STREET ADDRESS 1325 SOUTH CONGRESS AVENUE, SUITE 211
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE D
NAME MILGRIM, RICHARD
STREET ADDRESS 1325 SOUTH CONGRESS AVENUE, SUITE 211
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE D
NAME WELCH, PATRICK
STREET ADDRESS 1325 SOUTH CONGRESS AVENUE, SUITE 211
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE D
NAME LOPEZ-TORRES, AUGUSTO
STREET ADDRESS 1325 SOUTH CONGRESS AVENUE, SUITE 211
CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #