## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Suite, Apt #, etc.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000049836 (5)

DIGESTIVE MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address 3661 S. MIAMI AVE. SUITE 805 MIAMI FL 33133 3661 S. MIAMI AVE. SUITE 805 MIAMI FL 33133 2. Principal Place of Business 2a. Mailing Address

Suite, Apt. #, etc.

## **FILED** Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

06/11/1996

65-0730308

5. Certificate of Status Desired

221			120												
City & State				City & State						n Campaign Fi	-		\$5.0		
23				28					Trust Fund Contribution						<del> </del>
Zip <b>24</b>	Country 25			Zip Coi						rporation owes al Property Tax		-	rrent year l □ Yes	Intang □ N	
	9. Name	and Address of Current		Т				and Address				_			
GREER, PEDRO J JR., MD							Nan	ne .							
3661 S. MIAMI AVE.							Stre	et Addre	ss (P.O. Box	Number is No	Acceptab				
SUITE 805							-					,			**
MIAMI FL 33133															
···· #*** * ** ****														- 000	J.
						84	City					FL	<b>-</b>	p Coo	
11. Pursuant to	to the provis	sions of Sections 607,0502	ration submi	ts this statemen	nt for the p	ourpose o	f changing	its re	egistered						
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.															listeran
SIGNATURE															
	Signature, typed	or printed name of registered ager					nt signa	ure required	when reinstating	·		DATE			
12.		OFFICERS AND	DIRE		13.					NS/CHANGES					
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14. Thereby o	ertify that th	ne information supplied wit	th this f	filing does not qualify	for the ex	empti	ion st	ated in S	ection 119.0	7(3)(i), Florida	Statutes. I	further ce	ertify that th	he info	ormation
officer or o	on this annu director of th	ual report or supplemental he corporation or the rece	, annua iver or	il report is true and ac trustee empowered to	curate ar execute	this r	t my : eport	signature as requii	e snall have t red by Chap	ne same legal ter 607, Florida	eпесा as if i Statutes; :	made un and that i	ider oatn; t my name a	inai i appea	am an irs in