

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90205 019 \*\*\*150.00

DOCUMENT # P96000049836

1. Corporation Name

DIGESTIVE MANAGEMENT SERVICES, INC.

Principal Place of Business

3661 S. MIAMI AVE.  
SUITE 805  
MIAMI FL 33133

Mailing Address

3661 S. MIAMI AVE.  
SUITE 805  
MIAMI FL 33133

2. Principal Place of Business

21 3661 S Miami Ave  
Suite, Apt. #, etc.  
22 207

City & State

23 Miami, FL

Zip

24 33133

Country

25 USA

2a. Mailing Address

26 3661 S Miami Ave  
Suite, Apt. #, etc.  
27 207

City & State

28 Miami, FL

Zip

29 33133

Country

30 USA

9. Name and Address of Current Registered Agent

GREER, PEDRO J JR., MD  
3661 S. MIAMI AVE.  
SUITE 805  
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1996

4. FEI Number

65-0730308

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME GREER, PEDRO J JR., MD  
STREET ADDRESS 3661 S. MIAMI AVE., STE. 805  
CITY-ST-ZIP MIAMI FL 33133

TITLE DVP ☐ DELETE

NAME CARBONELL, MANUEL  
STREET ADDRESS 3661 S. MIAMI AVE., STE. 1006  
CITY-ST-ZIP MIAMI FL 33133

TITLE S ☐ DELETE

NAME CARLOS EMILIO ALVAREZ MD  
STREET ADDRESS 3661 S MIAMI AVE #1006  
CITY-ST-ZIP MIAMI FL 33133

TITLE T ☐ DELETE

NAME EDUARDO E DELGRADONID  
STREET ADDRESS 3661 S MIAMI AVE #207  
CITY-ST-ZIP MIAMI FL 33133

TITLE O ☐ DELETE

NAME GUILLERMO GUBBINS  
STREET ADDRESS 3661 S MIAMI AVE #1006  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

02/26/99

Date

305-854-2722

Daytime Phone #

CR2E034 (11/98)

2015042