

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

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000051965 (7)

1. Corporation Name

DIGESTIVE HEALTH PHYSICIANS, P.A.

Principal Place of Business

23 BARKLEY CIR.
FT. MYERS FL 33907

Mailing Address

23 BARKLEY CIR.
FT. MYERS FL 33907-7531



3. Date Incorporated or Qualified

06/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0675810

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 s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

PENUEL, JAMES W JR.
23 BARKLEY CIR.
FT. MYERS FL 33907

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. Each 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 of registered agent or officer and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
James C. Wolper
STREET ADDRESS
13201 Ponderosa Way
CITY-ST-ZIP
Fort Myers, FL 33907

TITLE ☐ DELETE

NAME
Vice President
James W. Penuel
STREET ADDRESS
23 Barkley Circle
CITY-ST-ZIP
Fort Myers, FL 33907

TITLE ☐ DELETE

NAME
Secretary
William R. Keith Jr.
STREET ADDRESS
13661 Admiral Court
CITY-ST-ZIP
Fort Myers, FL 33912

TITLE ☐ DELETE

NAME
Treasurer
Paul L. Yudelman
STREET ADDRESS
23 Barkley Circle
CITY-ST-ZIP
Fort Myers, FL 33907

TITLE ☐ DELETE

NAME
Vice President
Mark S. O'Konski
STREET ADDRESS
23 Barkley Circle
CITY-ST-ZIP
Fort Myers, FL 33907

TITLE ☐ DELETE

NAME
Vice President
H.D. Vogtland
STREET ADDRESS
11442 Osprey Landings Way
CITY-ST-ZIP
Fort Myers, FL 33908

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
Vice President
John M. Petersen
14988 Bonaire Circle S.W.
1.3 STREET ADDRESS
Fort Myers, FL 33908
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
Vice President
H. Scott Harris
22 Catalpa Court
2.3 STREET ADDRESS
Fort Myers, FL 33919
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 do 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 included 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:

(Signature and typed or printed name of signing officer or director)

DATE

Daytime Phone #

0396877

CR2E034 (9/96)