

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000051965**

1. Entity Name

DIGESTIVE HEALTH PHYSICIANS, P.A.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90008 022 ***150.00

Principal Place of Business 23 BARKLEY CIR. FT. MYERS FL 33907		Mailing Address 23 BARKLEY CIR. FT. MYERS FL 33907-7531	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

B0007679

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0675810**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PENUEL, JAMES W JR.
23 BARKLEY CIR.
FT. MYERS FL 33907**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WOLPER, JAMES C.	NAME	
STREET ADDRESS	13201 PONDEROSA WAY	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PENUEL, JAMES W.	NAME	
STREET ADDRESS	23 BARKLEY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KEITH, WILLIAM R JR.	NAME	
STREET ADDRESS	13661 ADMIRAL COURT	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	YUDELMAN, PAUL L	NAME	
STREET ADDRESS	23 BARKLEY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	O'KONSKI, MARK S.	NAME	
STREET ADDRESS	23 BARKLEY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	VOGTLAND, H.D.	NAME	
STREET ADDRESS	11442 OSPREY LANDINGS WAY	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	CITY-ST-ZIP	

13. 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 11 or Block 12 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 #