2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90325 010 ***150.00

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1. Entity Name
DIGESTIVE HEALTH PHYSICIANS, P.A.

Principal Place of Business	Mailing Address
23 BARKLEY CIR. FT. MYERS, FL 33907	23 BARKLEY CIR. FT. MYERS, FL 33907

04142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7152 COCA SABAL LA.	7152 COCA SABAL LA.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS, FL	City & State: FORT MYERS, FL
Zip: 33908 Country: LEE	Zip: 33908 Country: LEE

4. FEI Number 65-0675810 ☐ Applied For ☐ Not Applicable

5. 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: JAMES W. PENUEL, JR. Street Address (P.O. Box Number is Not Acceptable): 7152 COCA SABAL LA. City: FORT MYERS, FL Zip Code: 33908

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 _____ 4/26/2004
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WOLPER, JAMES C. 13201 PONDEROSA WAY FORT MYERS, FL 33907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PENUEL, JAMES W. 23 BARKLEY CIRCLE FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PENUEL, JAMES W. 7152 COCA SABAL LANE FORT MYERS, FL 33908 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTR KEITH, WILLIAM R JR. 13661 ADMIRAL COURT FORT MYERS, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PARTNER DADRAT, ANDREE A. 7152 COCA SABAL LANE FORT MYERS, FL 33908 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP YUDELMAN, PAUL L 23 BARKLEY CIRCLE FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY YUDELMAN, PAUL L. 7152 COCA SABAL LANE FORT MYERS, FL 33908 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP O'KONSKI, MARK S. 23 BARKLEY CIRCLE FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PARTNER O'KONSKI, MARK S. 7152 COCA SABAL LANE FORT MYERS, FL 33908 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARRIS, H. SCOTT 23 BARKLEY CIRCLE FORT MYERS, FL 33907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PARTNER HERRERA, JUAN G. 7152 COCA SABAL LANE FORT MYERS, FL 33908 ☐ Change ☒ Addition

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: JAMES W PENUEL JR 4/16/04 2399399538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #