


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000051965 1. Entity Name DIGESTIVE HEALTH PHYSICIANS, P.A.	
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Principal Place of Business 7152 COCA SABAL LANE FORT MYERS, FL 33908	Mailing Address 7152 COCA SABAL LANE FORT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0675810	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PENUEL, JAMES W JR. 7152 COCA SABAL LANE FORT MYERS, FL 33908	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000229072 02/14/05 08:00:01 004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENUEL, JAMES W. 7152 COCA SABAL LANE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR DADRAT, ANDREE A 7152 COCA SABAL LANE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YUDELMAN, PAUL L 7152 COCA SABAL LANE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR O'KONSKI, MARK S. 7152 COCA SABAL LANE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRERA, JUAN G 7152 COCA SABAL LANE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Penuel** 2/14/05 2394394936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #