

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000051965**

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



Principal Place of Business  
**7152 COCA SABAL LANE  
FORT MYERS, FL 33908**

Mailing Address  
**7152 COCA SABAL LANE  
FORT MYERS, FL 33908**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0675810**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PENUEL, JAMES W.
STREET ADDRESS	7152 COCA SABAL LANE
CITY- ST- ZIP	FORT MYERS, FL 33908
TITLE	PTR
NAME	DADRAT, ANDREE A
STREET ADDRESS	7152 COCA SABAL LANE
CITY- ST- ZIP	FORT MYERS, FL 33908
TITLE	S
NAME	YUDELMAN, PAUL L
STREET ADDRESS	7152 COCA SABAL LANE
CITY- ST- ZIP	FORT MYERS, FL 33908
TITLE	PTR
NAME	O'KONSKI, MARK S.
STREET ADDRESS	7152 COCA SABAL LANE
CITY- ST- ZIP	FORT MYERS, FL 33908
TITLE	P
NAME	HERRERA, JUAN G
STREET ADDRESS	7152 COCA SABAL LANE
CITY- ST- ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000624372  
02/14/07-80029-009 300.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #