

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000098563**1. Entity Name
DIGESTIVE DISEASE ENDOSCOPY CENTER, INC.

Principal Place of Business 7421 N. UNIVERSITY DRIVE #307 TAMARAC FL 33321	Mailing Address 7421 N. UNIVERSITY DRIVE #307 TAMARAC FL 33321
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2. Principal Place of Business 7475 NORTH UNIVERSITY DRIVE	3. Mailing Address 7475 NORTH UNIVERSITY DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State TAMARAC FL	City & State TAMARAC FL
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Zip 33321	Country	Zip 33321	Country
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4. FEI Number 65-0993754	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**KATZ NICHOLAS CMD.**
7421 N. UNIVERSITY DRIVE #307

TAMARAC FL 33321**7. Name and Address of New Registered Agent**Name
KATZ NICHOLAS CMD.
Street Address (P.O. Box Number is Not Acceptable)
7475 NORTH UNIVERSITY DRIVE

City
TAMARAC FL Zip Code
33321

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 _____ **04/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER JEFFREY HMD. 7421 N. UNIVERSITY DRIVE #307 TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUCHS SCOTT MMD. 7421 N. UNIVERSITY DRIVE #307 TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEUTSCH EDWARD SMD. 7421 N. UNIVERSITY DRIVE #307 TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ NICHOLAS CMD. 7421 N. UNIVERSITY DRIVE #307 TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER JEFFREY HMD. 7475 N. UNIVERSITY DRIVE TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUCHS SCOTT MMD. 7475 N. UNIVERSITY DRIVE TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEUTSCH EDWARD SMD. 7475 N. UNIVERSITY DRIVE TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ NICHOLAS CMD. 7475 N. UNIVERSITY DRIVE TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: NICHOLAS C. KATZ

D

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)