


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000098563 1. Entity Name DIGESTIVE DISEASE ENDOSCOPY CENTER, INC.	
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Principal Place of Business 7475 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321	Mailing Address 7475 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321
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01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0993754	Applied For Not Applicab
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KATZ, NICHOLAS C M.D. 7475 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321

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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 _____ (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	
TITLE	D
NAME	KATZ, NICHOLAS C M.D.
STREET ADDRESS	7475 N. UNIVERSITY DRIVE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D
NAME	DEUTSCH, EDWARD S M.D.
STREET ADDRESS	7475 N. UNIVERSITY DRIVE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D
NAME	FUCHS, SCOTT M M.D.
STREET ADDRESS	7475 N. UNIVERSITY DRIVE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D
NAME	SCHNEIDER, JEFFREY H M.D.
STREET ADDRESS	7475 N. UNIVERSITY DRIVE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/04-80102-022 150.00

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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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #