

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098563

FILED
Mar 03, 2010
Secretary of State

Entity Name: DIGESTIVE DISEASE ENDOSCOPY CENTER, INC.

Current Principal Place of Business:

7475 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321

New Principal Place of Business:

3001 CORAL HILLS DRIVE
250
CORAL SPRINGS, FL 33065

Current Mailing Address:

7475 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321

New Mailing Address:

3001 CORAL HILLS DRIVE
250
CORAL SPRINGS, FL 33065

FEI Number: 65-0993754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, NICHOLAS C M.D.
7475 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

KATZ, NICHOLAS C M.D.
3001 CORAL HILLS DRIVE
SUITE 250
CORAL SPRINGS, FL 33065 US

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:

03/03/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: KATZ, NICHOLAS C M.D.
Address: 3001 CORAL HILLS DRIVE, SUITE 250
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D
Name: DEUTSCH, EDWARD S M.D.
Address: 3001 CORAL HILLS DRIVE, SUITE 250
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D
Name: FUCHS, SCOTT M M.D.
Address: 3001 CORAL HILLS DRIVE, SUITE 250
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D
Name: SCHNEIDER, JEFFREY H M.D.
Address: 3001 CORAL HILLS DRIVE, SUITE 250
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D
Name: STERNTHAL, MICHAEL B M.D.
Address: 3001 CORAL HILLS DRIVE, SUITE 250
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS C. KATZ

DR.

03/03/2010

Electronic Signature of Signing Officer or Director

Date