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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S71842 (6)

1. Corporation Name
CONSULTANTS IN DIGESTIVE HEALTH, P.A.

Principal Place of Business
12700 CREEKSIDE LANE
SUITE 301
FORT MYERS FL 33919
US

Mailing Address
P.O. BOX 60157
FORT MYERS FL 33906-6157
US



3. Date Incorporated or Qualified 08/08/1991
3a. Date of Last Report 03/28/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 12700 Creekside Lane		26 P.O. Box 60157		65-0196296		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22 # 301		27		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☒ Yes ☐ No	
23 Fort Myers FL		28 Fort Myers, FL					
Zip		Country					
24 33919		25 Lee					
		29 33906					
		30 Lee					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KINI, MUKUND P. M.D. 13691 METRO PARKWAY #330 FT. MYERS FL 33912				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	D KINI, MUKUND P., M.D.	1.2 NAME	
STREET ADDRESS	13691 METRO PARKWAY S #330	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)