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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S71842 1. Corporation Name

CONSULTANTS IN DIGESTIVE HEALTH, P.A.

·									
Principal Place	e of Business	Mailing Address				110011011111111111111111111111111111111	31313 1131 2131 2131 31		
12700 CREEKSIDE LANE SUITE 302 FORT MYERS FL 33919 US		P O BOX 60157 FT MYERS FL 3390 US	FT MYERS FL 33906-6157			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
	<u> </u>					08/08/1991 4. FEI Number		LApp	lied For
ļ	ace of Business	2a. Mailing Addres	SS			59-3080048			Applicable
Suite, Apt.	# ata	26 Suite, Apt. #, 6	etc				\$	8.75 Ac	
22	#, etc.	27				5. Certifcate of Status Desired	_ · ·	Fee Req	
City & State		City & State				6. Election Campaign Financing	9 🖂	۸ 00.58	Лау Ве
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	C	ountry		8. This corporation owes the cu			71
24	25	29	30			Personal Property Tax.	· Dagletored Age		□No
	9. Name and Address of Curr	rent Registered Agent		81	Name	10. Name and Address of New	Registered Age	<u> </u>	
L'INII	MUZUMO D. M.D.	•		6'	Name				
	, MUKUND P. M.D. 00 CREEKSIDE LN #302	•		82	Street Add	ress (P.O. Box Number is Not Accept	ptable)		ļ
1	MYERS FL 33919			83		(B31412) (S11412)	Diff Francis	HEAR &	
	MILLIO I E 303 IS			Ш				12. 11.	
				84	City	24 15 14 15 15 11 11 14 14	FL 8	žip'C	ode
	to the provisions of Sections 607 (0502 and 607 1508. Florid	a Statutes, the	ll e above	-named corp	poration submits this statement for th	ne purpose of char	nging its r	egistered
11 Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	0502 and 607.1508, Floridate of Florida. Such chang	a Statutes, the	above zed by t	-named corporation	poration submits this statement for the ion's board of directors. I hereby according to the control of the cont	ne purpose of char cept the appointme	nging its r ent as reg	egistered istered
11 Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	0502 and 607.1508, Florid ate of Florida. Such chang igations of, Section 607.0	a Statutes, the e was authoriz 505, Florida St	ll e above zed by t tatutes.	-named corporation	poration submits this statement for the ion's board of directors. I hereby account to the ion's board of directors.	ne purpose of char cept the appointme	nging its r ent as reg	registered istered
11. Pursuant	m familiar with, and accept the obl	igations of, Section 607.0	505, Florida Si	tatutes.		poration submits this statement for the construction of directors. I hereby account of directors and the construction of the c	ne purpose of char cept the appointme	nging its reg	registered istered
11 Pursuant Mill office or r Of agent. I a SIGNATURE	m familiar with, and accept the obling signature, typed or printed name of registered	igations of, Section 607.0	(NOTE: Registe	tatutes.			DATE		RS IN 12
11 Pursuant	in familiar with, and accept the obling signature, typed or printed name of registered OFFICERS	agent and title if applicable.	(NOTE: Registe	ered Agent		ad when reinstating)/	DATE DEFICERS AND D		
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14. 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 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 an affectment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90019 037 ***150.00