FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 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 # V34002

1. Corporation Name

SOUTH FLORIDA CENTER FOR DIGESTIVE DISEASES, INC.

Principal Place of Business
8525 SW 92ND ST.
SUITE C-10
MIAMI, FL 33156

Mailing Address
8525 SW 92ND ST.
SUITE C-10
MIAMI, FL 33156

3. Date Incorporated or Qualified: 5/6/92
3a. Date of Last Report:

2. Principal Place of Business
21 6280 SUNSET DR.
Suite, Apt. #, etc.
22 SUITE 600
City & State
23 MIAMI, FL
Zip 24 33143
Country 25

2a. Mailing Address
26 6280 SUNSET DR.
Suite, Apt. #, etc.
27 SUITE 600
City & State
28 MIAMI, FL
Zip 29 33143
Country 30

4. FEI Number: 65-0405306 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND STREET
SUTIE 3600
MIAMI, FL 33131-2130

10. Name and Address of New Registered Agent

B1 Name: JAMES LEAVITT
B2 Street Address (P.O. Box Number is Not Acceptable): 6280 SUNSET DRIVE
B3 SUITE 600
B4 City: MIAMI FL
B5 Zip Code: 33143

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: James Leavitt
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	LEAVITT, JAMES	1.2 NAME	LEAVITT, JAMES
STREET ADDRESS	8950 N. KENDALL DR. #508	1.3 STREET ADDRESS	6280 SUNSET DR. SUITE 600
CITY-ST-ZIP	MIAMI, FL	1.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KAFKA, EUGENE	2.2 NAME	
STREET ADDRESS	8950 N. KENDALL DR. #508	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	SCHWARTZ, HOWARD	3.2 NAME	SCHWARTZ, HOWARD
STREET ADDRESS	8950 N. KENDALL DR. #508	3.3 STREET ADDRESS	6280 SUNSET DR. SUITE 600
CITY-ST-ZIP	MIAMI, FL	3.4 CITY-ST-ZIP	MIAMI, FL 33143
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	400002194864
STREET ADDRESS		6.3 STREET ADDRESS	-05/29/97--01071--014
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

5/15/97

CR2E034 (9/96)

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: ✓ James Leavitt Jam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 (305) 813-0666
Date Daytime Phone #