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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	Mailing Address
8525 SW 92ND ST. SUITE C-10 MIAMI, FL 33156	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	2a. Mailing Address
21 6280 SUNSET DR.	26 6280 SUNSET DR.
Suite, Apt. #, etc. 22 SUITE 600	Suite, Apt. #, etc. 27 SUITE 600
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33143 / Country 25	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	10. Name and Address of New Registered Agent
FLORIDA REGISTERED AGENTS, INC. 100 SE 2ND STREET SUTIE 3600 MIAMI, FL 33131-2130	81 Name: JAMES LEAVITT 82 Street Address (P.O. Box Number is Not Acceptable): 6280 SUNSET DRIVE 83 SUITE 600 84 City: MIAMI FL 85 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 of, or 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEAVITT, JAMES 8950 N. KENDALL DR. #508 MIAMI, FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D LEAVITT, JAMES 6280 SUNSET DR. SUITE 600 MIAMI, FL 33143 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAFKA, EUGENE 8950 N. KENDALL DR. #508 MIAMI, FL ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, HOWARD 8950 N. KENDALL DR. #508 MIAMI, FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D SCHWARTZ, HOWARD 6280 SUNSET DR. SUITE 600 MIAMI, FL 33143 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I declare that I have examined 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 James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 Date

(305) 983-0666 Daytime Phone #