


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90015 005 \*\*\*150.00

**DOCUMENT # 636633**

1. Entity Name  
**DIGESTIVE DISEASE ASSOCIATES OF NORTH FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**6400 W NEWBERRY ROAD SUITE 308**      **6400 W NEWBERRY ROAD SUITE 308**  
**GAINESVILLE, FL 32605**      **GAINESVILLE, FL 32605**

**24016146**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02052004      Chg-P      CR2E034 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1934417**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BEERS, THOMAS R**  
**6400 W NEWBERRY ROAD SUITE 308**  
**GAINESVILLE, FL 32605**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEIBACH, JOHN R. 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEERS, THOMAS R 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BURNS, THEODORE W. 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MAICO, DANIEL G. 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WASJMAN, RENATA 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNINSKY, CHARLES A 6400 W NEWBERRY RD STE 308 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSS, SHEA O MD 6400 W NEWBERRY RD, SUITE 308 GAINESVILLE, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Thomas R. Beers      Thomas R. Beers      3-1-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #